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FROM WUHAN TO THE WHITE HOUSE

COVID-19

THE
GREATEST
COVER-UP
IN HISTORY

**DYLAN HOWARD
& DOMINIC UTTON**



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The definitive historical record of the first six months of the 2020 global coronavirus pandemic—the invisible and deadly enemy that would change the world forever. This unprecedented investigation reveals what government leaders and world medical agencies from Wuhan to the White House knew, when they knew it, how they covered it up—and how shameless politicians and media titans have executed a war on the truth.

COVID-19

THE GREATEST COVER-UP IN HISTORY—FROM
WUHAN TO THE WHITE HOUSE

**DYLAN HOWARD
AND DOMINIC UTTON**



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The faces of those on the COVID-19 front line around the world are usually obscured, masks pulled tight over the mouth and nose and behind the ears, eyes exposed to show the strain of harrowing realities.

Nurses look like heroes, because they are just that. They look like prisoners, too. But unlike the guilt of an inmate, these nameless nurses, doctors, and medical personnel are trapped in a world they never signed up for. They are saviors. They too are victims.

During this global crisis, the harrowing images we have seen show those on the front line tired and tireless, committed and conflicted. They are in an impossible spot and right where we need them as the world grapples with a seemingly overwhelming force.

They are the best of society, from the worst hit countries to those even with small outbreaks. These versatile people are in a complex profession, rushing to a disaster's epicenter while the rest of us tiptoe through everyday life in a state of careful panic. What bravery they have. They are our silent soldiers, going to war—*for us*—each and every day. We will never be able to thank them enough.

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PROLOGUE

The heir to the British throne. A prime minister. A grand chancellor. Award-winning actors. An NBA superstar. Elected leaders. TV hosts.

They are among the millions who have tested positive for the coronavirus as it has spread around the world. Many of the famous figures, by going public with their diagnoses, have helped put a face to the virus, sharing updates via social media and giving interviews about their symptoms.

On the other side of the world, ground zero for the COVID-19 outbreak, it is a vastly different story—censorship, lies, and ignorance have killed thousands, even as the predictions about the coronavirus catastrophe grow more ominous by the minute.

At least, that's the narrative we're fed. The truth, as you will see over the following pages, is less black-and-white, less East-and-West.

Despite the best efforts of countries enacting emergency action plans to contain the disease, its spread continues at a worrying rate. Even the World Health Organization (WHO) forecasts a future of pain. It says the virus poses a greater global threat than terrorism.

Their figures are terrifying. Professor Gabriel Leung, who led the fight against the SARS (Severe Acute Respiratory System) virus, believes 60 percent of the world's population could become infected with COVID-19 and that up to 45 million people might die from it. As we write, in June 2020, six months into the pandemic, some 8.5 million have been infected, and nearly half a million killed. That's roughly 2,700 lives lost every single day of 2020 so far.

But could it have been avoided? It most certainly could have been contained beyond the devastation facing the world if one man had been listened to.

Dr. Li Wenliang, of Wuhan Central Hospital, was the whistleblower. In December, he had been told by police officers in China not to spread "fake rumors" after alerting his friends to a new emerging virus. On February 7, 2020, that same virus tragically took his life.

His death sparked a wave of anger, grief, and overwhelming sense of mistrust toward the government. It also exposed the great cover-up of China,

in which Beijing punished the informer, claimed US troops started it, and is still lying about death and infection figures.

China is not the only nation whose government is lying.

The fault for the most catastrophic pandemic to hit our species in living memory—the impact of which will be felt for generations to come and across all levels of society—does not lie solely with Beijing. And neither does the cover-up. As you will read, governments in the West, specifically those of the United States and the United Kingdom, have blood on their hands too—through arrogance, through complacency, through fear of looking foolish, through stupidity, and through greed.

What lessons can be learned? The life and death of Li Wenliang is a critical reminder of the need to speak truth to power. Whistleblowers like Dr. Li demonstrate guts and integrity when so many go with the flow or look out for number one. He was one brave doctor who tried to warn the world, was silenced through coercion, yet was still able to make a difference in the most inspiring of ways even as he lay on his deathbed.

Throughout history we, as a society, have benefited greatly from the brave exhibitions of character of men like Dr. Li. Wars have ended; lives have been saved; governments and corporate titans have been held to account.

Don't let Dr. Li's example be lost. Amid the bluster and buck-passing of governments in the West, remember the simple truth of what he tried to tell us. Listen to the experts. Look at the facts. Remember that, as humans, saving human lives should always be our priority.

—Dylan Howard & Dominic Utton, June 2020

A NOTE ON THE NUMBERS

Where statistics for infections and deaths from COVID-19 are quoted throughout this book, we have used figures from worldometers.info, an independent source acknowledged and trusted by governments and news outlets around the world. A word of caution, however—much of their data is in turn supplied by official government bodies ... and as we shall see, official government bodies have an odious habit of not telling the whole truth. With that in mind, it is perhaps best to treat these statistics as reflecting only the *minimum* numbers of those affected by COVID-19.

The real count of the infected and the dead is likely far higher.

PART I: OUTBREAK

“Make no mistake. This is an emergency in China, but it has not yet become a global health emergency. It may yet become one.”

—Dr. Tedros Adhanom Ghebreyesus,
WHO Director General, March 11, 2020

CHAPTER ONE

ONCE UPON A TIME IN WUHAN

“We have it totally under control. It’s one person coming in from China, and we have it under control. It’s going to be just fine.”

—President Donald Trump,
CNBC interview, January 22, 2020

It began in China. It began with a single person.

In the fall of 2019, Wuhan—the capital city of Hubei Province in the center of the world’s most populous country—was a place few people outside the People’s Republic had even heard of. Within a few months it would become forever synonymous as ground zero for the greatest medical emergency of our age.

Nobody could have guessed the coming notoriety that November, however. The sun was shining. The sprawling city’s 11 million people were, as usual, thronging the streets, parks, and markets.

“Golden October”—as the Chinese call fall—had passed, and if the people of Wuhan were preparing for winter, they were doing so with little out of the ordinary on their minds. Winters in central China tend to be relatively mild, and at the end of them comes the Chinese New Year holiday, a time of intense celebration during which some 450 million people travel across the country. As a major transportation hub, Wuhan could expect at least 15 million to do so via the city.

But a hidden menace was lurking in the very air the people of Wuhan were breathing. A strange new virus was developing and mutating rapidly.

It was here in Wuhan, in the streets and factories, the offices and apartment blocks, the train stations, metro carriages, and markets, that the invisible enemy was born—festering at least a month and a half before the world was told.

By which time it was already too late.

The Huanan Seafood Wholesale Market is a vast and chaotic space occupying over 50,000 square meters in the Jianghan district of Wuhan, an area conveniently close to shops, homes, and offices and just 800 meters from the Hankou railway station, the main Wuhan terminal for high-speed trains to and from Shanghai, home to some 24 million.

Over a thousand tenants set up stalls in this “wet market,” selling seafood and live animals. Some were licensed, some were not—for although Huanan market was officially a space for the mass selling of seafood to shops and restaurants, there was another trade going on here too.

Besides the traditional crab, shrimp, striped bass, and salmon for sale, there were all types of exotic and wild animals, from pangolins to bats, rats and frogs to wolf pups. A price list posted by one vendor on the popular Chinese review site *Dazhong Dianping* listed 112 items available, including a number of wild animals. The South China *Morning Post* reported the market had a section selling around “120 wildlife animals across 75 species.” In documents reviewed by these authors, the breathtaking range of creatures includes badgers, beavers, camel, crocodiles, dogs, donkeys, foxes, giant salamanders, hedgehogs, koalas, ostrich, otters, peacocks, pheasants, porcupines, rabbit organs, sheep, snakes (including the many-banded krait, *Bungarus multicinctus*, an extremely venomous species), and turtles.

Also available at Huanan were masked palm civets—a mammal native to southeast Asia and India, a little like a cross between a cat and a small bear. In 2003, the SARS virus was isolated in a number of masked palm civets found in another wet market in the Chinese city of Guangdong, ten hours from Wuhan. In 2006, scientists from the Chinese Centre for Disease Control and Prevention in Hong Kong and Guangzhou established a direct genetic link between the SARS virus appearing in civets and in humans, with many believing that inadequate or unhygienic preparation of the meat may have been the cause of the disease outbreak.

Between 2002 and 2003, SARS would spread to more than two dozen countries in North America, South America, Europe, and Asia and infect 8,098 people worldwide, killing just under one in ten of them before it was contained.

But by fall of 2019, SARS was considered old news. There hadn’t been a reported case anywhere in the world since 2004. The stallholders of Huanan—and those who thronged the market browsing for everything from shrimp to camel, masked palm civets, pangolin, and bats included—were completely relaxed about any threat from that disease. It was a beaten virus.

Not all the meat sold at wet markets like Huanan was dead. There was

also a steady trade in live animals—not as pets, but to be either taken away and slaughtered at home, or else picked out by the customer and butchered there and then. Such livestock would often be kept alongside carcasses in the narrow, crowded, chaotic lanes and stalls that made up the market, with little or no separation between living and dead, one species or another.

One report in the *Bangkok Post* quoted a local resident of the Jiangnan district describing a selection of the live animals on offer: “There were turtles, snakes, rats, hedgehogs and pheasants.” The report also carried photographs of the shocking conditions in which they were slaughtered, with unwashed buckets, scales, and knives, splattered with blood and entrails, being reused between several species without washing.

Not that the official authorities were especially concerned about the trade in animals—or the conditions in which they were kept and slaughtered. In September 2019, the Wuhan Administration for Industry and Commerce said that government officials had inspected eight stalls at Huanan wet market selling live animals and were happy they all had the correct documentation and licensing.

To those in the West, it seems barbaric. To the Chinese people, however, eating rare, unusual, or exotic meat is deeply ingrained in their history and culture. According to Hu Xingdou, professor of economics at Beijing Institute of Technology, “While the West values freedom and other human rights, Chinese people view food as their primary need because starving is a big threat and an unforgettable part of the national memory.”

Furthermore, what may once have been born of necessity is now an indication of status. “While feeding themselves is not a problem to many Chinese nowadays,” Hu continued, “eating novel food or meat, organs or parts from rare animals or plants has become a measure of identity to some people.”

This collision of cultural identity and the chaotic reality of life inside wet markets such as Huanan Seafood Wholesale Market—as well as a profound refusal to learn the lessons that SARS should have taught—would provide the ideal breeding ground for the return of a disease everyone thought had gone away forever.

When COVID-19, a new, deadlier strain of SARS, was discovered, that initial collision was made indescribably worse by the deliberate actions of governments, as you will learn through the pages of this book—first in China and then elsewhere—who, for one reason or another, sought to downplay the threat ... with horrific, worldwide consequences.

On December 31, 2019, when Chinese authorities contacted the World Health Organization and informed them of “cases of pneumonia of unknown etiology detected in Wuhan”—the first official admission that there was anything unusual happening in the city—few would have dared guess just how much carnage this “unknown pneumonia” would go on to cause around the world.

In fact, at that time the Chinese government was still denying that the new strain of pneumonia was in any way linked to SARS. And they were prepared to go to extreme lengths to prove they were right.

One man, however, was convinced that these patients were potentially the forerunners of a pandemic. His name was Li Wenliang.

A little over a month later, he would be dead.

Dr. Li was an ophthalmologist who worked as a physician at Wuhan Central Hospital. He was known as a calm, patient, and diligent doctor, a dedicated family man, married with one child and another due in the spring. He had been at Wuhan Central since 2014, and at thirty-three years old was a fit and healthy man, with a keen interest in basketball.

On December 30, 2019, Dr. Li’s world was turned upside down. It began with a patient’s report from his colleague Dr. Ai Fen, director of the emergency department at the hospital. In the preceding weeks she had treated two patients who had been admitted with apparent influenza, but strangely for whom conventional treatment methods did not seem to have had any effect. One was a delivery person at the Huanan Seafood Wholesale Market; the other had no apparent history of contact with the market—and seemingly no connection with the first patient.

What seemed a strange coincidence took a more frightening turn after Dr. Ai saw the lab results from one of those patients. The report contained the words “SARS coronavirus, *Pseudomonas aeruginosa*, 46 types of oral / respiratory colonisation bacteria.”

Dr. Ai circled the word “SARS” and sent an image of it to another doctor, who forwarded it to his colleagues; by the afternoon it had spread through Wuhan’s medical circles until it reached Dr. Li. As other doctors passed on the information and shared details of their own patients, it turned out those two cases were not as unique as first expected.

At 5:43 p.m., Dr. Li posted in a private WeChat group of his medical school classmates. (WeChat is China’s biggest and most comprehensive multipurpose messaging and social media app, akin to WhatsApp, and boasting a billion monthly users. It is also subject to whispers of political censorship and mass surveillance by the Chinese government. Imagine Facebook, Twitter, Instagram and Apple Pay all combined ... but watched over by Big Brother.)

Dr. Li’s message read: “Seven confirmed cases of SARS were reported

from Huanan Seafood Wholesale Market.” He also posted shots of the patient’s diagnosis report and CT scan image before adding, “They are being isolated in the emergency department of our hospital.”

Fifty-nine minutes later, he received a reply warning him that WeChat was not a secure platform.

“Be careful,” said the message, “or else our chat group might be dismissed.”

But around him, the toll mounted. More pneumonia cases with unknown causes presenting with fever, fatigue, coughing, and breathing difficulties continued to be diagnosed.

Undeterred, Dr. Li kept posting. “The latest news is it has been confirmed that they are coronavirus infections, but the exact virus strain is being subtyped,” he wrote, adding, “Don’t circulate the information outside of this group, tell your family and loved ones to take caution.”

Dr. Li’s posts were not kept within the group. Screenshots were taken and shared. To use an unfortunate phrase, under the circumstances, his warnings of a new, potentially deadlier strain of SARS went viral.

It did not take long for Big Brother to notice. Within twenty-four hours, the authorities became involved—but not in the way one might have hoped, expected, or even imagined. The Chinese state’s response to Dr. Li’s posts was not to take swift, decisive action against the threat of a new epidemic, but to attempt to swiftly, decisively silence any mention of it.

The cover-up had begun.

On January 1, 2020, Wuhan police announced that eight internet users were being punished for “spreading rumors.” They claimed that these eight people were guilty of, in the words of the *Beijing News*, “posting and forwarding false information on the Internet without verification, causing adverse social impact.”

Two days later, the Wuhan Public Security Bureau interrogated Dr. Li, issuing him with a warning notice and censuring him for “making false comments on the Internet.” He was made to sign a letter of admonition promising not to do it again. The police warned him that if he failed to learn from the warning and continued to violate the law, he would be prosecuted. They also issued a report stating that Dr. Li’s original message, “Seven confirmed cases of SARS were reported from Huanan Seafood Wholesale Market,” was unequivocally false.

Why exactly were the authorities so desperate to bury such potentially important information? What could their motivations for suppressing warnings of a deadly new coronavirus possibly spring from?

The censorship did not end with Dr. Li and the other seven so-called “rumor makers.” In early March 2020, a report issued by the Toronto-based

research group Citizen Lab found that WeChat had begun censoring key words about the coronavirus outbreak from as early as January 1—in other words, almost from the moment Dr. Ai first became aware of it and Dr. Li messaged his fellow medical students warning them of a potential virus.

Citizen Lab's report found that during the whole of January, WeChat censored no fewer than 132 keyword combinations ... and that during the first fifteen days of February—by which time the cat was well and truly out of the bag—a further 384 new keywords were added to the blacklist. These all included references to Chinese leaders, including President Xi Jinping, references to government policies on handling the epidemic, and responses to the outbreak in Hong Kong, Taiwan, and Macau.

References to Dr. Li were also censored.

As well as the crackdown on WeChat, the report noted that popular Chinese live-streaming site YY also blacklisted forty-five keywords from its platform, including the terms “Unknown Wuhan pneumonia” and “SARS outbreak in Wuhan.”

Somebody, it seemed obvious, was trying to rewrite history.

Did the executives behind WeChat and YY make the decision to censor content and supposedly private messages themselves, perhaps conscious of attracting official reprimands for being seen as vessels for “posting and forwarding false information on the Internet”? If that is the case, it would seem they were not only extremely quick off the block to quash any kind of rumors, but also immediately and astonishingly aware of the Communist Party's desire to keep this particular information locked down.

What seems far more likely is that those whispers of state involvement and surveillance through the likes of WeChat and YY are more than whispers after all. For a regime that has banned Google and Wikipedia altogether, attempting to control the spread of information—and specifically *what* information is spread—by effectively censoring the internet itself does not seem so far-fetched.

“It's appalling to see the wide range of terms, even including some non-sensitive terms, [being] censored,” Patrick Poon, a researcher at Amnesty International, told the BBC in March.

“It shows how obsessed and concerned the Chinese government is [in] trying to curb any discussion ... that falls outside the official narrative. It's totally about social control and deprives citizens of their rights to freedom of information and expression.”

That “social control” of its own citizens was to have a devastating effect on the whole planet.

For the moment, however, it seemed the Chinese authorities' efforts to quash any talk of a new SARS outbreak was proving successful. WeChat was shutting down attempts to spread awareness, YY was doing the same, Dr. Li Wenliang had been publicly admonished, an official statement had been put out, and life in the People's Republic was to carry on as normal.

Except, of course, it wasn't.

Huanan Seafood Wholesale Market was closed on January 1 by the Wuhan health authorities. It was later admitted that this was in response to Dr. Ai's initial patients, and that the closure was to conduct investigations into the outbreak, as well as to clean and disinfect the market. But at the time, the state-run Xinhua News Agency claimed its closure was simply for "renovations."

It was too little, too late, and with much of the population being kept ignorant of the disease, COVID-19 began to spread like wildfire. On January 2, forty-one patients were hospitalized in Wuhan with the new coronavirus, now named 2019-n-Cov; 66 percent of them had had direct exposure to Huanan wet market. The following day, health authorities reported forty-four cases, eleven of whom were "seriously ill." That same day, Dr. Li Wenliang resumed his position at Wuhan Central Hospital.

What followed was the bitterest twist of fate in this horrific story to date.

On January 8, just over a week after his original WeChat posting and just five days after returning to work, Dr. Li treated a female patient with glaucoma. At that time, she showed no obvious signs of infection with coronavirus—her body temperature was normal and she did not appear to have a cough. Prior to its closure, she had been a storekeeper at Huanan Seafood Wholesale Market.

The next day the woman developed a fever, and a CAT scan revealed she had a lung infection. It emerged that two of her relatives had also developed fevers. Despite the official warnings to keep quiet, Dr. Li was convinced this was another case of the new virus—and reported to the hospital that this was evidence that it could be transmitted human to human. He would be proved horribly correct.

On January 10, Dr. Li developed a cough, followed quickly by a fever, and was admitted to the hospital—as a patient—after a scan showed he too had a lung infection. His parents were also admitted with the same infection. Two days later, Dr. Li was placed in intensive care. As his condition worsened—and more and more people became infected—Dr. Li Wenliang once again became a household name in China.

This time, his attempts to warn the country about the disease were acknowledged, rather than suppressed. In a national TV broadcast on January 29, Zeng Guang, chief epidemiologist at the Chinese Centre for Disease

Control and Prevention, said on national television that Dr. Li and the other seven people punished by the police for speaking out the month before should not be considered troublemakers but instead be held in “high regard.”

The same day—perhaps in an attempt to retrospectively shift the blame onto the Wuhan police force and away from the state apparatus—China’s Supreme People’s Court issued a statement on its social media account. According to them, they now realized that the police had been too heavy-handed. “It might have been a fortunate thing if the public had believed the ‘rumor’ then and started to wear masks and carry out sanitization measures,” they now said.

On January 30, Dr. Li was confirmed as having what we now know as COVID-19. That same day, he gave an interview to a reporter from Caixin Media, one of China’s most influential investigative journalism media groups. He described how he believed it was that single exposure to the glaucoma patient that had given him the infection.

“One of our patients who was hospitalized for glaucoma had a weak appetite but normal body temperature,” he said. “We didn’t realize anything was wrong at that time. But she still had a weak appetite after her eyes had healed and had a fever. The same day she got a fever, her family members also had a fever, indicating human-to-human transmission.

“At first I didn’t take any protective measures. After the patient was transferred, I started coughing and had a fever the next day. After that I started wearing an N95 mask. On January 12, I had a test for respiratory viruses and a CT scan. The results were highly suspicious for a coronavirus infection. My colleagues showed similar symptoms later and my parents also fell sick three or four days later. My condition deteriorated and now I need antibiotic, antiviral, and globulin injections and extra oxygen every day.”

He also explained how he had never wanted to be a whistleblower or a subversive of any kind, but simply acted to warn his friends about what he believed to be a dangerous new strain of SARS.

“I sent the message to a group of 150 former classmates and emphasized that the message should not be spread beyond the group. I wanted to remind my schoolmates who work on the front lines to protect themselves.

“That night, I received some WeChat messages asking me about the matter with screenshots of my earlier messages. Most of the screenshots were incomplete. After mentioning that there were seven confirmed SARS-like cases, I emphasized that it was some type of coronavirus that still needed confirmation. But that was not included in the screenshots that were widely spread online. I thought I could get in trouble because it was sensitive information and it was during a sensitive time when the city was having its annual meeting of legislators. At first I was angry at the people who spread

the messages without hiding my identity. But later I understood that they too were worried about their families and friends when they distributed the message.

“I never thought the police would pursue me. On January 3, they called me to sign a letter of admonishment. I had never had trouble with the police before and was worried. So I went and signed without telling my family. I was worried that it might lead to punishment by the hospital and affect my career.”

Even as he lay in intensive care, struggling to breathe, his body ravaged by the disease he had been silenced for trying to warn people about, Li Wenliang insisted he bore no ill will to the Chinese state.

“I just wanted to warn my former classmates not to panic,” he said. “I don’t want to cause trouble with the police. I’m afraid of trouble. It is more important for people to know the truth. To clear my name is not that important to me. Justice lies in people’s hearts.

“I believe there should be more than one voice in a healthy society. I don’t agree with the use of public power to overly interfere.”

Finally, the reporter asked Dr. Li if he felt like a hero for trying to raise the alarm so quickly. His answer was nothing short of heroic.

“I don’t deserve this designation. I was just aware of the information and warned my classmates. I didn’t think that much at the time. After I recover, I still want to go back to the front line. Now the epidemic is still spreading. I don’t want to be a deserter.”

A week later, on the night of Thursday, February 6, social media lit up with reports that Dr. Li’s heart had briefly stopped, that he had been placed on an artificial respirator, and that doctors were battling to keep him alive. Within hours, some 17 million users logged onto a livestream of updates from the hospital, desperate for news of his condition. Thousands of users flooded microblogging platform Weibo, demanding the Wuhan police offer a formal apology to the doctor. “Apologize to people all over the nation,” wrote one user.

It was all in vain. At 2:58 a.m. the following morning, February 7, 2020, the hospital announced that Dr. Li Wenliang had died.

“It happened so suddenly,” one doctor in Wuhan told reporters. “Humans are like ants sometimes. We are too small.”

Another was even bleaker. “Our hope is gone. He was our hero.”

When Dr. Li Wenliang sent his fateful WeChat message, nobody had heard of COVID-19—and the Chinese state seemed determined to keep it that way. By

the time of his death just 40 days later, 545 residents of Wuhan were dead of the virus, with a further 154 elsewhere in China. A staggering 37,198 cases in total had been recorded throughout the country, with an additional 354 cases recorded in other countries, including Thailand, South Korea, Taiwan, Malaysia, Singapore, Vietnam, India, Russia, the United Arab Emirates, Australia, Canada, and the United States, as well as no fewer than eight European countries, including the United Kingdom.

In the port of Yokohama, Japan, 3,700 passengers and crew had been quarantined onboard the cruise ship *Diamond Princess*. At least 712 of them would test positive for the virus, and 13 would die of the disease.

How could COVID-19 spread so swiftly, so far, even after the warnings of Wuhan? The first portion of blame unquestionably lies with Xi Jinping, the general secretary of the Communist Party of China and president of the People's Republic. Even as Dr. Li lay in intensive care, President Xi made a decision that would ultimately condemn the world: he allowed five million people to leave the epicenter of the virus without being screened. By the time Wuhan and other cities in Hubei Province were locked down on January 23, it was already too late.

Dr. Li was right to be frightened when he saw that first patient report. This new coronavirus was unlike anything in living memory—for speed of transmission, for virulence, and for its utter lack of discrimination as to who it infected. He only wanted to warn the world.

Why were such efforts made to keep him from doing so? And just how deep does the cover-up go? The following chapters will expose the extraordinary lengths the Chinese government continued to go to in order to conceal the true horror of COVID-19 even after Dr. Li's death—but will also tell how they have not been the only world power to do so. We will show how the British and American governments in particular have arguably exceeded even the worst of Beijing's COVID-19 crimes.

In death, Dr. Li will be remembered as one of the most important whistleblowers the world has ever seen. He spoke up. He told the truth. He had public integrity. Yet he died as a result. As great a tragedy as Dr. Li's death is, attention must now—quite rightfully—turn to those who covered up the depth and destructive nature of the disease.

The chain of events that led from that initial diagnosis of a single delivery worker at Huanan wet market to the most terrifying pandemic of the modern age is a story about the failure of those we trust to look after us. Not doctors—the doctors have been heroes—but those in government. It goes far deeper than President Xi Jinping. It traverses the globe to Europe, Brazil, the United Kingdom—and ultimately, to the White House itself.

In a tearful video posted to social media the day after his death, Li

Wenliang's mother had a stark and simple message for the men and women in power worldwide.

“We will not be OK if they do not give us an explanation.”

CHAPTER TWO

THE UNWINNABLE WAR

“There is no evidence the virus can spread among humans.”

—Wuhan City Health Commission, as quoted in the *New York Times*, January 10, 2020

Wuhan was a city built for war.

In 1937, during the Second Sino-Japanese War, it served as the wartime capital of China for ten months. That conflict segued into World War II, meaning that ultimately, China would be seen as the victor after the United States and the Soviet Union put Japan to the sword: on the United States’ part by detonating the first atomic bombs used in combat, killing tens of thousands and leveling the cities of Hiroshima and Nagasaki, and on the Soviet Union’s part by attacking Manchuria, in an operation formally known as the Manchurian Strategic Offensive, which killed 21,389 Japanese troops.

Some eight decades later, Wuhan was markedly less prepared for the realities of a twenty-first-century war against a whole new kind of opponent.

Here, its casualties would spread across the world.

On December 30, 2019, when Dr. Li Wenliang warned his friends of a potential new strain of SARS present in patients being admitted to Wuhan Central Hospital, China had a chance to do the right thing. A chance to act swiftly and strongly and with the best interests of its citizens at heart. Instead, it condemned thousands of those citizens to death ... and hundreds of thousands more worldwide.

For weeks after the first cases presented themselves at Wuhan Central, the Chinese authorities at the very highest level did everything they could to keep their people in the dark about the very existence of the disease. Then, as rumors spread and they were no longer able to deny it altogether, they actively worked to downplay the danger to public health. In doing so they not only missed their chance to halt the outbreak in its early stages, but, perversely, encouraged COVID-19 to become an epidemic. Then a pandemic.

If a regime—hypothetically—wanted what had been a localized outbreak to become a worldwide phenomenon, they could not have played it any more effectively.

In late February 2020, Zhong Nanshan, leader of China’s National Health Commission’s task force on the epidemic and one of the country’s leading epidemiology experts, was openly critical of the official policy of taking so long to publicly confirm that the virus could be transmitted human to human. If confirmation had been announced when doctors like Li Wenliang had wanted it to be, “the number of sick would have been greatly reduced,” he said.

His sentiments are echoed by Yanzhong Huang, senior fellow for global health at the Council on Foreign Relations, who studies China. As early as February 1, the *New York Times* quoted him as saying, “This was an issue of inaction. There was no action in Wuhan from the local health department to alert people to the threat.”

Yet the authorities undoubtedly knew about the threat.

The “inaction” was deliberate.

From the moment Dr. Li was admonished by the Wuhan police for “posting and forwarding false information on the Internet without verification, causing adverse social impact,” the Chinese authorities’ main focus became one of containment.

Not containing the virus so much as containing all talk of it.

Dr. Li and seven others were branded “rumor makers,” and official statements were issued denying that there was any substance to their warnings. On December 31, 2019, Wuhan Municipal Health Commission issued a statement, titled, “the current situation of pneumonia in our city.” If it was an attempt to quell growing public alarm in the wake of Dr. Li’s WeChat posting, it was also an exercise in deliberate obfuscation and—to be blunt—*outright lying*.

“Recently some medical institutions found that multiple pneumonia cases received were related to Huanan Seafood Market,” it began. “After receiving the report, the Municipal Health and Health Commission immediately carried out a case search and retrospective investigation in the city’s medical and health institutions related to Huanan Seafood Market ...

“The investigation so far has found no obvious person-to-person transmission, and no medical personnel have been infected ... The disease can be prevented and controlled.”

As we now know, that simply was not true.

That same day, China informed the World Health Organization (a Geneva-based specialized agency of the United Nations supposedly responsible for international public health) about the pneumonia outbreak but continued to remain bullish about it being “preventable and controllable.” An article in the South China *Morning Post* carried an interview with Tao Lina, former official with Shanghai’s Center for Disease Control and Prevention, in which the public health expert said, “I think we are [now] quite capable of killing it in the beginning phase, given China’s disease control system, emergency handling capacity and clinical medicine support.”

Over the next two weeks, Wuhan Municipal Health Commission would repeat the lie that there was no evidence of human-to-human transmission again and again, even as the cases began to mount up.

On January 3, their statement read: “As of now, preliminary investigations have shown no clear evidence of human-to-human transmission and no medical staff infections.”

Two days later, on January 5, another statement, with updated numbers of cases but exactly the same phrasing, repeated: “preliminary investigations have shown no clear evidence of human-to-human transmission and no medical staff infections.”

What we now know as the first official fatality of COVID-19 came on January 9. A sixty-one-year-old man identified only as Zeng had checked into a hospital with a fever and difficulty breathing and died soon after. He had been a regular at the Huanan wet market. His wife, who developed symptoms five days after he did, had never visited the market.

Yet on January 11, Wuhan Municipal Health Commission kept up the pretense. “All 739 close contacts [of COVID-19 patients], including 419 medical staff, have undergone medical observation and no related cases have been found,” they claimed. “No new cases have been detected since January 3, 2020. At present, no medical staff infections have been found, and no clear evidence of human-to-human transmission has been found.” They also released a Q&A sheet, reemphasizing that “most of the unexplained viral pneumonia cases in Wuhan have a history of exposure to the Huanan seafood market. No clear evidence of human-to-human transmission has been found.”

On January 14, two weeks after Dr. Li and other medical professionals warned that the new virus could be passed on through humans, and what we now know to be six weeks after the first evidence of human-to-human transmission: “Among the close contacts, no related cases were found.”

The following day there was a partial backtrack from the Health Commission: “Existing survey results show that clear human-to-human evidence has not been found, and the possibility of limited human-to-human

transmission cannot be ruled out, but the risk of continued human-to-human transmission is low.”

The tentative admission that things might not be quite so clear-cut wasn’t to last, however. Over the next two days, their statements returned to repeating the familiar untruth: “Among the close contacts, no related cases were found.”

It was a lie they were to repeat one final time as late as January 20. Within hours of that statement, Zhong Nanshan of China’s National Health Commission admitted that two cases of infection in Guangdong Province had been caused by human-to-human transmission—and that medical staff had been infected.

By that time there were 218 official “laboratory confirmed” cases in China, as well as reported infections in Thailand, Japan, South Korea, and the United States. Three days later, those 218 cases had nearly trebled to 628 ... and Wuhan was finally put in lockdown.

The questions are obvious:

Why, in the face of mounting irrefutable evidence, would the Chinese authorities act so willfully irresponsibly?

Why would they lie so blatantly?

Why would they want to silence anyone trying to warn of the real dangers of the virus?

Part of the answer goes back to the last time China became the source of another pandemic.

In November 2002, a farmer from the Guangdong Province in South China became the first victim of a new coronavirus that was eventually given the name SARS (Severe Acute Respiratory Syndrome). The disease would go on to infect a further 8,095 people and result in 774 deaths over 29 territories worldwide before it was finally brought under control and eliminated in 2004.

As with COVID-19 some seventeen years later, the crucial period for the growth and spread of SARS was those first few weeks—but despite mounting evidence of the highly contagious nature of the virus, Chinese government officials did not inform the World Health Organization of the outbreak until February 2003, by which time SARS had spread around the world.

The fallout from that pandemic went beyond the 774 deaths. A spotlight was focused on China—and it was not flattering. The culture of secrecy, suspicion, and censorship fostered by the Beijing government meant not only had the WHO not been informed of a deadly disease until far too late, but also

that the Chinese population—and, once the virus had spread beyond their borders, the rest of the world—had been left unable to protect themselves properly.

It also exposed how that same strictly state-controlled system left hospitals, public health officials, and news agencies mired in red tape and censorship, unable and often afraid to take the kind of action necessary to fight the virus.

In May 2003, during the height of the SARS pandemic, a WHO spokesman openly criticized the regime, declaring that missing data, withheld information, and a lack of cooperation was hampering vital work: “You are dealing with a whole host of unknowns. When we deal with unknowns, we can’t make clear conclusions.”

The WHO also damned the Chinese healthcare system, where unprepared hospitals and a lack of proper quarantine facilities meant that people being treated for other ailments were infected with the virus after being exposed to SARS patients during their period of diagnosis.

The Chinese, for their part, issued a rare apology. Deputy Health Minister Gao Qiang admitted, “The Ministry of Health was not adequately prepared to deal with a sudden new health hazard,” adding that “accurate figures have not been reported to high authorities in a timely manner.”

Beijing also produced two scapegoats for the mishandling of the outbreak: Health Minister Zhang Wenkang and Beijing mayor and deputy Communist Party chief Meng Xuenong. Both were removed from their posts in a rare and humiliating show of apparent contrition by the Party, leading some to suggest that it represented the biggest crisis for the regime since the Tiananmen Square massacre nearly fifteen years earlier.

“This is the first time since 1989 that the leaders and the system have come under such close global scrutiny and pressure,” said Ding Xueliang, Chinese politics expert at Hong Kong University. “Over the weeks, as people saw how their government tried to manipulate information, SARS became a serious political problem for the government as well as a medical one.”

SARS was a global humiliation for the Chinese government. It exposed the inadequacies of the regime, and they were damned if they were going to let that happen again. But rather than seeing that pandemic as an opportunity to become more transparent and cooperative—both with its own citizens and with the outside world—they instead closed ranks, tightened controls, and doubled down on their mistakes, with tragic consequences.

The official Chinese response to COVID-19 was not born of ignorance. SARS should have taught them to take a new coronavirus strain seriously. Instead, their reaction smacks either of staggering incompetence—or else willful mismanagement.

As early as January 2, 2020, the Wuhan Institute of Virology claimed to have mapped the genetic sequence of COVID-19—a critical step toward containing the epidemic and creating a vaccine—but their findings were not made public. Three days later, the Shanghai Public Health Clinical Center also made a breakthrough, notifying the National Health Commission that they too had identified the coronavirus and mapped the entire genome. An internal notice noted that the virus was likely spreading via the respiratory tract and recommended “appropriate prevention and control measures in public places.”

Those findings were kept hidden for nearly a week, only being officially released on January 11.

According to some, however, the authorities did more than just sit on such vital medical information. United States Congressman Michael McCaul, the most senior Republican on the foreign affairs committee and the former chairman of Homeland Security, reported he had obtained intelligence that an “underground newspaper” in Beijing had reported that testing labs working on cracking the code had been ordered to hand over or even destroy their samples—an action he described as “mind-boggling.”

“The Chinese Communist Party perpetrating this, going in, destroying samples, trying to cover this up and the fact that 95 percent of this could have been stopped had we taken it seriously at the beginning and the World Health Organization been properly notified,” he said. “That just could have contained and stopped this from happening. They are responsible for the worst global pandemic ever known to mankind and it’s happening right now and it’s destroying people. It’s destroying lives and it’s destroying our economy.”

Why, one might ask, did the doctors themselves not speak up? Most likely because they had seen what had happened to Dr. Li Wenliang and were terrified. In a country notorious for its censorship, what else could they do but follow orders?

Other motivations for the State to suppress all talk of COVID-19 also seem, with the benefit of hindsight, clear—if no less monstrous. In the first week of January, Wuhan held its annual People’s Congress. The event was supposed to be a showcase for China’s status as a world leader in technology, industry—and, ironically, medicine. The Party top brass did not want to have to cancel such an important occasion, and those lower in the political chain did not want to have to explain to their bosses why they should. Better just to do what communist regimes have always done—shut down dissent, hide

inconvenient truths, and brazen the whole thing out.

On January 7, even as scientists mapping the COVID-19 genome were being ignored, quieted, or ordered to destroy their work, the mayor of Wuhan, Zhou Xianwang, delivered his annual report to the People's Congress against a suitably triumphant, flag-filled backdrop. He talked of ambitious healthcare plans for the city, including world-class medical schools, a futuristic industry park for medical companies, and even a World Health Expo. Not once did he, or any other city official, mention the new coronavirus strain tearing through the city. It would be laughable if it wasn't so tragic.

Perhaps even more perniciously, plans for Wuhan's enormous annual "potluck banquet" were also not scrapped. No fewer than 40,000 families from the city sat down and ate side by side in a huge public gathering, sharing dishes, passing round chopsticks, and posing for photographs together in what can only be seen now as a monstrous—and deliberate—endangering of lives.

Finally, the pretense could be kept up no longer. By late January, COVID-19 had become too big for the state to control: foreign news outlets had picked up the story and, free from the censorship of Chinese news agencies, were exposing the lie to deliver the real truth that the virus could be transmitted human to human. Virology networks were sharing findings regarding the genetic mapping of the virus, and as cases began to appear in other countries and among people who had no exposure to the Huanan wet market, China finally had to concede what frontline doctors had been saying for weeks: COVID-19 was a serious threat.

On January 20, President Xi Jinping addressed the nation. "People's lives and health should be given top priority and the spread of the outbreak should be resolutely curbed," he said. These were the first words he had uttered about the outbreak. In the month between doctors at Wuhan Central Hospital first becoming suspicious of the new SARS-like virus in patients they were treating and President Xi's admitting there was such a thing at all, he had presided over some five million people leaving Wuhan for cities in China and around the world.

Three days later the entire city of Wuhan was placed into quarantine—and China's official rhetoric switched direction.

After January 23, when Wuhan was dramatically locked down, it was no longer possible to pretend that COVID-19 was, in the words of the Wuhan Municipal Health Commission less than a month earlier, "controllable and preventable." The Chinese state's initial policy of censoring all mention of the

virus and silencing anyone who spoke out against their actions hadn't worked. As they had found to their cost, a totalitarian regime can (largely) control its people, but no political movement on earth can control a virus. COVID-19 was an enemy stronger even than the People's Republic.

What followed was the next-best tactic the state could adopt: public image damage control.

As COVID-19 began to ravage the world, the Chinese state sought to downplay its responsibility for the incubation, growth, and spread of a second pandemic in less than twenty years. Suppressing the truth hadn't worked; now they sought to change the truth.

To understand how the Chinese think, one need look no further than its historical relationship with the fourth estate—journalism—a profession that is not part of the political system, and often challenges it, wielding significant power and social influence. China has long been distrustful of the world media when it comes to reporting of its own affairs. Journalists from the *Washington Post* and the *New York Times* have been expelled from China, the BBC is blocked across the country, and authorities have also clamped down on other independent—for which, read non-state-sanctioned—journalists. In 2019, the leading international NGO Reporters Without Borders ranked China 177th out of 180 for countries with respect to press freedom.

Now they ramped up their Big Brother-style controls still further.

On February 19, three correspondents from the *Wall Street Journal* were ordered to leave the country after writing a piece criticizing Beijing's handling of the outbreak.

A foreign ministry official justified the action by claiming the article, headlined “China is the Real Sick Man of Asia,” was racist.

The nation told its citizens to only share coronavirus news from state-run media or face up to seven years in jail. What did leak through on social media—before being almost immediately censored or removed—revealed how local authorities deliberately covered up new cases and told of hospitals being ordered to report COVID-19 patients as suffering from flu or pneumonia.

With independent reporting muzzled, China began to disseminate what can only be described as “fake news”—all with the intention of rewriting history to protect the reputation of the regime.

The new line? That the COVID-19 virus did not, in fact, start in China at all.

On February 20, a state-sanctioned study, by two organizations called “the Chinese Academy of Sciences” and “the Chinese Institute for Brain Research,” came to the conclusion that the Huanan wet market in Wuhan might not have been the source of the virus.

A week later, the official *People's Daily* newspaper went a step further. In

an article bylined “Zhong Sheng”—meaning “Voice of China”—they claimed that trying to pinpoint the origins of any disease is “difficult,” and that COVID-19 “did not necessarily originate in China.” When the WHO remarked that “coronaviruses are a global phenomenon,” this was immediately seized upon by the paper as further “evidence” that the virus was not necessarily Chinese in origin.

In the first week of March, spokespeople from China’s Ministry of Foreign Affairs claimed several times in press conferences and on Twitter that the origins of the outbreak were yet to be determined. “Confirmed cases of #COVID19 were first found in China, but its origin is not necessarily in China. We are still tracing the origin,” tweeted ministry official Lijian Zhao on March 5. Five days later, he tweeted again: “It has not yet been determined where the virus originated.” By March 12, he was even accusing the United States of creating the virus and the US Army of bringing COVID-19 to Wuhan in October.

Running in tandem with the Party’s new line that COVID-19 might not have started in China at all—contrary to all the scientific and medical evidence—the state also began a campaign of rewriting history with regard to their actions to tackle the virus and to just how serious the situation was.

According to an analysis by the University of Southampton in the UK, China could have potentially manipulated the statistics of the number of coronavirus-infected people by as much as a whopping 67 percent.

The official figures from Beijing show that the worst day for new cases in China was February 12, with 14,108 recorded that single day alone. The following day there were 5,090; the day after that, 2,641. The figures have steadily dropped since then, with fewer than 100 daily new cases being reported by early March.

Those figures also show that the daily death count between January and late March peaked at just 150, on February 23; for much of April it was in single figures.

Compared to every single other major country affected by the virus, these numbers are extraordinary. Extraordinarily low. Either the Chinese people had suddenly become hugely resistant to COVID-19, almost overnight, or perhaps someone wasn’t telling the whole truth.

In late March, Radio Free Asia reported that residents of Wuhan were growing increasingly suspicious of the official figures. They pointed to the fact that seven large funeral parlors in Wuhan had been handing out the cremated remains of up to 500 people every day for over a week. News website Caixin also reported that 5,000 urns had been delivered to the Hankou Funeral Home in one day alone.

“It can’t be right ... because the incinerators have been working round the

clock, so how can so few people have died?” a Wuhan resident only identified as Zhang told Radio Free Asia.

Another resident said that many in the city believed that more than 40,000 people had died in Wuhan alone, before and during the lockdown. At the time he spoke to *Radio Free Asia*, the official state figure for deaths across the whole of China was just 3,295.

The article also quoted Wuhan resident Chen Yaohui, who said that city officials had been distributing 3,000 yuan (around \$425) in “funeral allowances” to families of the deceased ... on the condition that they keep quiet.

Naturally, Beijing didn’t take long to retaliate. “China must resolutely strike back at the attackers’ faulty logic and factual defects,” roared an editorial in the state-backed *Global Times*, adding that such “absurdities ... will be crushed by facts.”

Another editorial, reprinted in the Communist Party newspaper *People’s Daily*, claimed: “Such nonsense also stems from these people’s deep sense of anxiety.... Through the virus battle, the superiority of China’s domestic governance has been fully displayed, and through China’s timely assistance to others, the country’s international influence has been greatly enhanced.”

As late as March 21, the Chinese state was still dissembling. On that day, Ministry of Foreign Affairs spokeswoman Hua Chunying posted a tweet claiming that the Wuhan Municipal Health Commission had issued a warning about the COVID-19 outbreak as early as December 31. Which of course they did ... but as we have seen, that notice—and many that came after it—also insisted: “The investigation so far has found no obvious person-to-person transmission, and no medical personnel have been infected.”

Perhaps the most chilling part of China’s cover-up concerns the doctor whose actions alerted Li Wenliang to the possibility of a new coronavirus in the first place.

On March 29, Dr. Ai Fen, the head of the emergency department at Wuhan Central Hospital and the woman who had circled the word “SARS” on a patient report before it reached Li Wenliang, mysteriously disappeared. A few days before she was last seen, she had given an interview to the magazine *Ren Wu* in which she had spoken of the true scale of the outbreak that she and her colleagues at Wuhan Central had experienced—as well as criticizing the censorship that had accompanied the early days of the virus.

“On the night before the city was closed on January 23, a friend from the

relevant department called to ask me about the true situation of emergency patients in Wuhan,” she is quoted as saying. “I said, do you represent private or public? He said I represent private. I will tell you the truth when I speak on my behalf. On January 21, our emergency department saw 1,523 patients, three times as many as usual, of which 655 had fever.”

By January 21, according to official figures released by the Chinese authorities, there had only been 291 COVID-19 cases in total across all the major cities in the country.

Dr. Ai also spoke up about the problems she and other medical staff had experienced with supplies of personal protective equipment.

“In the early days, the supplies were not enough. Sometimes the quality of the protective clothing assigned to the emergency department was very poor. I was angry when I saw that our nurses wore such clothes to work,” she said.

Perhaps most controversially, she called for the state to be more open to voices like hers and Dr. Li’s in the future.

“No one said sorry to me on any occasion. But I still feel that this time it is more clear that everyone still insists on their own independent thinking, because if someone wants to stand up and tell the truth, there must be someone, and the world must have a different voice, right?”

Apparently not. The issue of *Ren Wu* magazine in which Dr. Ai was interviewed was pulled from newsstands within days. The online version was removed from the magazine’s website. Then, most worryingly of all, Dr. Ai herself went missing. Although her Weibo account remains active, she has not, remarkably, been seen in person since, and friends, family, and colleagues remain worried that those social media posts are being staged by Beijing.

Since 1949, when Communist Party Chairman Mao Zedong proclaimed the establishment of the People’s Republic, China has sought to strictly control both its own people and its image on the world stage—through censorship, coercion, and misinformation. Weakness is not tolerated. Failure is not tolerated. The State ever getting something wrong ... is not tolerated.

In Wuhan, and now the world, we have seen the consequences of the regime’s desperation to cover up its own shortcomings. The consequences can be currently counted in the hundreds of thousands dead—and certainly many times more than we are being told.

Believe it or not, the biggest scandal of all may not lie with Beijing. As we shall see, Western governments have increasingly looked to President Xi’s

playbook in defending their own response to COVID-19, with equally horrific consequences.

All governments make mistakes, especially in times of national crisis. What sets the good ones apart is how they react to them. The temptation to rewrite history, adjust the facts, or silence critics in order to save face or dodge blame for those mistakes can be difficult to resist. For the two shining lights of Western democracy, the United States and the United Kingdom, it's a temptation they have succumbed to in the worst possible way.

“China has been working very hard to contain the coronavirus. The United States greatly appreciates their efforts and transparency. It will all work out well. In particular, on behalf of the American people, I want to thank president Xi.”

—President Trump, Twitter, January 24, 2020

CHAPTER THREE

THE SPREAD

“I’m shaking hands continuously. I was at a hospital the other night where I think there were actually a few coronavirus patients and I shook hands with everybody, you’ll be pleased to know. I continue to shake hands ... I want to stress that for the vast majority of the people of this country, we should be going about our business as usual.”

—Prime Minister Boris Johnson,
UK press briefing, March 3, 2020

“Coronavirus: Boris Johnson Moved to Intensive Care as Symptoms Worsen”

—BBC News, April 7, 2020

What we know as COVID-19 is the human disease caused by what is more properly called Severe Acute Respiratory Syndrome Coronavirus 2—or SARS-CoV-2. It is just one of many coronaviruses, so called because the pathogen appears to have a spiky crown (“corona” in Latin) when viewed through a microscope.

Coronaviruses are a broad family, responsible for a range of respiratory infections from the common cold to the SARS outbreak that killed 774 people between 2002 and 2004. What makes SARS-CoV-2 different is that it’s a brand-new strain of coronavirus. Those patients presenting in Wuhan at the end of 2019 can be said to be the first people anywhere, ever, known to have been infected with it.

It took just over three months for COVID-19 to spread from Patient Zero in late December 2019 to one million infected by April 2, 2020. It then took less than two weeks to break through the 2 million mark, on April 15. Since then, cases have doubled every month: by mid-May, 4 million had been

infected, and on June 30, six months after Dr Li's panicked WeChat posts, there were more than 10.5 million cases worldwide.

The death rate is equally astonishing. The first recorded fatality occurred in Wuhan on January 9; by February 9, there were 910 dead. One month later, that figure had reached 4,025; a month after that, on April 9, it was 95,714. A week later, on April 16, COVID-19 claimed its 147,000th victim. A month later, over 300,000 were dead; by June 17, the disease had killed 450,000 worldwide.

Over 120,000 of the dead to that date were US citizens. All of them perished within four months. Put another way, that represents more than 1,000 victims a day, every day, in the United States alone. At the time of writing, rates of new infections and new deaths continue to increase on a terrifying scale.

These are the kinds of scales, and the kinds of figures, that so terrified Dr. Ai Fen and Dr. Li Wenliang when they saw those first patient reports. They are unprecedented in living memory.

Perhaps the most frightening thing about COVID-19 is how little we actually know about it. According to WHO, most people infected with the virus will only experience "mild to moderate" symptoms and will recover without requiring special treatment. Some may even have the disease without ever realizing it. Symptoms range from fever and dry cough to aches and pains, tiredness, sore throat, and runny nose. Some patients report losing their senses of taste and smell.

On the other hand, around one in six of those infected become seriously ill, developing pneumonia, respiratory failure, septic shock, and multi-organ failure.

It is spread through coughs, sneezes, any kind of exhalation. It can survive on hard surfaces for anything from a few hours to a few days. It can incubate in a human host for up to fourteen days before any symptoms present themselves. In other words, you don't know you've got it until it's too late.

In the early days, the accepted belief was that only the old, the infirm, and those with underlying medical conditions were likely to become seriously unwell after infection. As the weeks passed and the death toll rocketed, that belief changed. Younger people were suddenly being admitted to intensive care units, and the dead included those with no remarkable medical history or conditions.

It appeared that how COVID-19 affected any given individual, regardless of age, fitness or medical status, was a mystery. If you were to get it, you had no idea just how serious the consequences might be. You might have already had it and not even realized ... or it might yet kill you.

Not for nothing did both British Prime Minister Boris Johnson—himself

admitted to intensive care after contracting the virus—and President Trump refer to COVID-19 as the “hidden enemy.”

In the early days of the outbreak, the question everyone wanted answered was: where did SARS-CoV-2 come from? And how was it passed to humans to become COVID-19?

The answer would seem to lie in the Huanan Seafood Wholesale Market. Most experts accepted that, as with SARS, the original host had been an animal—in that case civet cats—but almost from the start, fact, fiction, conjecture, and exaggeration were thrown together into a melting pot of media hype: The virus was passed into humans when a customer ate bat soup from the market. It came from the dastardly Chinese practice of breeding wolf pups for human consumption. It was born from snakes sold at Huanan, or pangolins (a sort of scaly anteater), or civets once again. Everyone had a theory. The truth would appear to be somewhere in the middle.

According to the WHO in April 2020: “At this stage, it is not possible to determine precisely how humans in China were initially infected with SARS-CoV-2. However, SARS-CoV, the virus which caused the SARS outbreak in 2003, jumped from an animal reservoir (civet cats, a farmed wild animal) to humans and then spread between humans. In a similar way, it is thought that SARS-CoV-2 jumped the species barrier and initially infected humans, but more likely through an intermediate host; that is, another animal species more likely to be handled by humans—this could be a domestic animal, a wild animal, or a domesticated wild animal and, as of yet, has not been identified.”

If the WHO was purposely being careful not to jump to any conclusions as to exactly which animal SARS-CoV-2 originated in, as well as what species might have acted as an “intermediate host” between the originator and humans, most scientists were prepared to put their money, once again, on bats.

In late January 2020, a study was published in the respected medical journal *Lancet* detailing how researchers had analyzed samples from nine Chinese COVID-19 patients and had successfully obtained ten genome sequences of the virus. Their first finding was that all were almost identical, sharing more than 99.98 percent of the same genetic sequence.

“It is striking that the sequences ... described here from different patients were almost identical,” said study co-lead author Weifeng Shi, a professor at the Key Laboratory of Etiology and Epidemiology of Emerging Infectious Diseases in Universities of Shandong Province, affiliated with Shandong First Medical University. “This finding suggests that 2019-nCoV originated from

one source within a very short period.”

They then compared the genetic sequence of the virus to a “library” of other known viruses—and found the closest matches were two coronaviruses that originated in bats, both sharing 88 percent of their genetic sequence with the new virus.

A further study published in the journal *Nature* by researchers from the Wuhan Institute of Virology found a 96 percent match to the genome of an existing bat coronavirus.

But were bats even being sold at Huanan wet market? Neither the US Centers for Disease Control and Prevention or the WHO could say for sure, but the chaotic nature of the place, along with the thriving trade in under-the-counter or black market animals there, meant it was certainly possible. However, the most likely scenario is that the virus was passed from the bats to another animal, as had happened with SARS, rather than directly to humans.

“It seems likely that another animal host is acting as an intermediate host between bats and humans,” said Guizhen Wu, of the Chinese Center for Disease Control and Prevention. The conditions at Huanan—live and dead animals kept side by side; the floors slick with blood, raw meat, saliva, urine, and feces from dozens of different animal species—would certainly have helped such a transmission. An unwitting victim would not even have to eat an infected animal to pick up the disease—being exposed to their bodily fluids, alive or dead, would be enough.

Linfa Wang, director of the emerging infectious diseases program at the Duke-NUS Medical School, Singapore, said that we should not be too hasty in condemning the bats—or any other host—themselves. “The animals are not the problem,” he added. “The problem arises when we get in contact with them.”

As the human population continues to grow, and with it the world effectively becoming smaller, that contact is happening more and more often. Countries like China are especial hot spots, as cities expand and communities encroach into traditional wildlife habitats. Add in China’s cultural traditions of wildlife markets selling anything from badgers and crocodiles to pangolins, civets, and bats themselves, and the threat is worsened still further.

“This outbreak is a lesson for us,” said Dr. Peter Daszak, president of EcoHealth Alliance, a US-based nonprofit organization that has been studying the origins of SARS and related viruses in China. “On a global scale, human population density, wildlife diversity, and land use change is what drives new pandemics. What we’re doing on this planet is driving the risk higher because it’s pushing us closer to these wildlife and their viruses.”

The trade in wildlife is worth around \$76 billion to the Chinese economy and employs some 14 million people. Nevertheless, on February 24, the State

announced a ban on all wildlife trade and consumption, except for research or medicinal or display purposes. Though this may seem like a positive step, Dr. Daszak is worried that, with so many relying on the trade for their livelihoods, such a move may have exactly the wrong effect, simply driving the business underground, entirely unregulated, and susceptible to even more diseases. Plus, in a nation that takes such pride in its traditions, simply banning something that people see as integral to their cultural identity is unlikely to ever work.

“Eating wildlife has been part of the cultural tradition in southern China” for thousands of years, Daszak said. “It won’t change overnight.”

COVID-19 is the sixth serious disease caused by bat-borne viruses in the past quarter century—after Hendra in 1994, Nipah in 1998, SARS in 2002, MERS (Middle East respiratory syndrome) in 2012, and Ebola in 2014. It will not be the last: scientists from EcoHealth Alliance estimate there are as many as another 5,000 bat-borne coronavirus strains we don’t even know about yet.

“It’s incredibly important to pinpoint the source of infection and the chain of cross-species transmission,” Daszak said, in order to “prevent similar incidents from happening again.”

The WHO also had a warning. “Until the source of this virus is identified and controlled, there is a risk of reintroduction of the virus in the human population and the risk of new outbreaks like the ones we are currently experiencing.”

The essential truth about any virus is that its sole purpose is to spread. Even the nastiest, deadliest viruses don’t set out to kill immediately—they want to keep their infected host alive long enough for the infection to be passed on to further hosts, and for them to infect others, and then yet more, and so on, for as long and across as wide an area as possible.

This is something that COVID-19 has shown itself to be particularly good at.

The first step public health experts take in measuring just how adept a new virus is likely to be at spreading itself is to determine what they call its “basic reproduction number,” its R_0 or R-naught. In simplest terms, this figure represents how many healthy people one contagious person will infect. An R_0 of one means each infected person will pass the disease on to one other person, effectively doubling the spread. An R_0 of anything over two is disastrous—that means the virus is spread exponentially: one person infects two, they infect four, that becomes eight, then sixteen, then thirty-two, and so

on.

For an illustration of how quickly exponential numbers become frightening, try counting up exponentially across the squares of a chessboard. Starting from one, at the end of the first row you'll reach the number 128. By the end of the second row—or 16 steps—that has become 32,768. Eight steps on, the number is 8,388,608 ... and by halfway across the chessboard, just 32 steps from that single infected person, exponential growth has taken the number to just over 2.1 billion, slightly more than a quarter of the population of the world.

That's growth for a virus with an R_0 of two.

On April 7, 2020, in a paper called “High Contagiousness and Rapid Spread of Severe Acute Respiratory Syndrome Coronavirus 2” in the journal *Emerging Infectious Diseases*, scientists from Los Alamos National Laboratory, New Mexico, wrote that “initial estimates of the early dynamics of the outbreak in Wuhan, China, suggested ... a basic reproductive number (R_0) of 2.2–2.7.”

However, the paper continued, with newfound access to more accurate reports and data than those available in the first days of the outbreak, the scientists re-ran the numbers, “using high-resolution domestic travel and infection data,” and came up with a new R_0 number. This time the figure was even more terrifying: COVID-19, they concluded, had an R_0 of 5.7.

The unreliability of reporting on the sheer number of those infected with COVID-19—whether through lack of testing, lack of symptoms, or deliberate manipulation of the statistics by their own governments—meant determining a definitive basic reproductive number for the virus was not an exact science. But even the most conservative figure of 2.2 meant it was a disease that infected humans at a greater than exponential rate.

It was this extraordinary contagiousness that allowed COVID-19 to spread so far, so fast; that made it, in viral terms at least, so successful.

The first cases of what we now call COVID-19 presented themselves in Wuhan Central Hospital on December 30, 2019—though it is likely that there had been previously unknown, unreported cases before then. From then it took two weeks for the first infected person to be diagnosed outside China's borders—on January 13, when a sixty-one-year-old Chinese woman was taken ill in Bangkok, Thailand, after arriving on a direct flight from Wuhan. Japan reported their first positive case three days later, a man in his thirties from near Yokohama who had returned from Wuhan ten days earlier.

A week after that, cases had been confirmed in Hong Kong, South Korea, Taiwan, Macau, Vietnam, Singapore, and Nepal ... as well as France and the United States. By the end of January, a further fifteen territories had been added to the list, including Italy, Spain, and the United Kingdom—11,950 reported cases in total, with 259 deaths.

One month later, on March 1, a further thirty-seven territories had been infected. The number of cases worldwide was 88,585 and the death toll stood at 3,050.

By April 1 that figure had increased by a factor of more than 10: there were 936,851 cases and 47,210 dead and the virus had spread to every continent on Earth other than Antarctica.

By April 15, only thirty-one recognized countries and territories on the whole planet had not reported any infections. Most of them were remote and sparsely populated islands such as Tonga, Tristan da Cunha, and the Pitcairn Islands. Oh—and North Korea, of course.

Suddenly that chessboard analogy looked awfully real.

COVID-19 had checkmated the world.

In the absence of a vaccine, keeping the R_0 number of any virus as low as possible is a priority. In the first weeks of the outbreak, well before WHO declared COVID-19 a pandemic on March 11 and before most people had heard the term “social distancing,” one particular situation arose that served as a stark illustration of just how important a low R_0 number is.

On January 20, the cruise ship *Diamond Princess*—a 290-meter-long luxury Gem-class liner operated by Princess Cruises—departed from the port of Yokohama, Japan, for a round-trip tour of southeast Asia during the Lunar New Year period. On board were 3,711 passengers and crew, just a little short of full capacity. What followed was like something from a horror movie.

Five days after setting sail, the *Diamond Princess* docked in Hong Kong, where an eighty-year-old passenger disembarked. Six days later, on February 1, he fell ill and was admitted to a Hong Kong hospital, where he tested positive for SARS-CoV-2. The ship, by then back in Yokohama, was due to leave for its next cruise on February 4, but decided to delay the trip in order to allow for the precautionary screening and testing of everybody on board.

Ten people tested positive, and the *Diamond Princess* was placed in quarantine. Nobody was permitted on or off the ship, and the following day still tighter controls were introduced: none of the 2,600 guests on board were allowed to leave their rooms.

By February 7, the number of cases on board had risen to 61. By February 10 it was 135; by February 17, the infected numbered 454, of whom 33 were crew members. In total, 712 of the 3,711 passengers and crew—nearly one in five—would contract COVID-19. Thirteen of them would lose their lives to the virus.

A study released by Japan's National Institute of Infectious Diseases on February 20 concluded that "substantial transmission" of the virus occurred before February 5, when passengers on the ship were placed into lockdown.

"The decline in the number of confirmed cases, based on reported onset dates, implies that the quarantine intervention was effective in reducing transmission among passengers," the report stated.

However, those quarantine measures only applied to the passengers. The crew of the *Diamond Princess* were expected to carry out their duties as normal, eating in the communal mess hall, sharing tiny cabins and bathroom facilities, and continuing to serve the ship's guests in their rooms.

A report in the *Guardian* newspaper on March 6, five days after the *Diamond Princess* had finally been released from quarantine, carried interviews with several crew members, all of whom spoke on condition of anonymity for fear of reprisal. What they described were weeks of chaos and lack of proper organization or safety protocols.

"As a crew you don't even know who is positive—you're dealing with them and you're going around the ship, eating in the mess together," said one housekeeping staff member who went under the pseudonym James Reyes.

"We are the one giving [isolated crew members] everything they need and sorting out their dirty dishes. Then one day you will notice those isolated cabins going empty because they [have tested] positive. Imagine the cross-contamination."

"We were abused," said another, known as Santos. "Can you imagine? The situation was alarming but they kept us working."

"If we [had stood down] nobody would deliver food, and [passengers] would not be able to eat," said another crew member, referred to by their initials, RCDG. He also described how many of the guests whose rooms they had to visit were old and had underlying health conditions, making them more vulnerable to the virus.

Even more worryingly, the article went on to describe a culture that appeared to put the needs of the (paying) passengers over the welfare of the ship's crew.

"In one department, crew were told in a group meeting that if they did not wish to work they must come forward and write down their names, so that their details could then be provided to human resources—an announcement perceived by some staff present to be a threat. Elsewhere, staff said they were

not informed of any option not to work, and instead found their hours increasing as they were tasked with delivering food and other treats to passengers who had been confined to their rooms.”

By February 27, at least 150 of the crew members had tested positive for the virus.

In a statement released by Princess Cruises, they insisted that lack of proper quarantining and unsafe crew conditions were not their responsibility, and that Japan’s Ministry of Health was the authority for “defining and executing the testing and quarantine protocols for all guests and crew.”

For their part, Japan’s Ministry of Foreign Affairs countered that argument, although they “presented a criteria of behavior,” the ultimate responsibility was Princess Cruises’. “The responsibility for ensuring that the ship can be operated in a manner that provides a safe environment for passengers and crew rests with the ship operator.”

Joanna Concepcion, chairperson of Migrante International, a Manila-based group that supported affected crew members, said employees on the ship felt they had no choice but to keep working in the dangerous conditions. “It was almost as if they were forced to pick between their health and safety, and their economic livelihood,” she said.

The outbreak on board the *Diamond Princess* had a basic reproduction number of 14.8.

The *Diamond Princess* was not the only cruise ship to have acted as a “super spreader.” Even more scandalous events were to happen on another Princess Cruises ship, the *Ruby Princess*.

On March 8, 2020, exactly a week after the *Diamond Princess* had been released from quarantine, the *Ruby Princess* departed Sydney, Australia, for a 13-day jaunt around New Zealand. On board were 2,700 passengers, as well as a crew of 1,100. As the pandemic worsened, however, the cruise was cut short and, on March 15, the ship was ordered to return to Australia, arriving in Sydney four days later.

What was to follow would later be described by the New South Wales government as “inexcusable.” The *Ruby Princess* would become one of the most significant conduits of COVID-19 in all Australia, with at least one tenth of all cases in the country originating on the ship. It directly led to twenty-eight deaths and an estimated 1,000 infections around Australia and other countries—including the United States.

Where the *Diamond Princess* a month earlier had at least been placed into

quarantine, no such measures were taken with the *Ruby Princess*. On March 19, shortly after docking in Sydney, its 2,700 passengers were allowed to disembark, with little more than a polite request to administer their own self-isolation procedures.

It later emerged that New South Wales Health had been aware of 104 people with “acute respiratory infections” on the ship before it docked—and that the ship’s doctor had told authorities the day before the disembarkation that those patients had tested negative for influenza.

Over the following weeks, the number of infections of former passengers now out in the wider community mushroomed. On March 24, it was announced that 133 of those previously on the ship had COVID-19, and that one passenger had died. A week later, that figure had nearly quadrupled to 440, including another five fatalities.

Far from all being contained in one place, the infected were spread across the length and breadth of Australia. Of those 440 cases, only 211 remained in New South Wales: seventy-one were in South Australia, seventy in Queensland, forty-three in Western Australia, twenty-two in the Australian Capital Territory, eighteen in Victoria, three in Tasmania, and two in the Northern Territory. By April 2, the figure had risen to at least 576 infected... and continued to rise throughout the following weeks.

Even more worryingly, these numbers did not include those who had left Australia without being tested. Some 900 *Ruby Princess* passengers from other countries had left Sydney after disembarking; specifics about their role in spreading the virus still further abroad remain almost impossible to know, although of the final tally of twenty-eight *Ruby Princess* passengers dead, eight are known to have been from the United States.

As the fallout from the scandal increased, further horror stories came to light. On April 5, New South Wales Police launched a criminal investigation into the affair, investigating whether the ship’s operator broke the country’s 2015 Biosecurity Act (designed to contain any “diseases and pests that may cause harm to human, animal or plant health or the environment”) by deliberately concealing COVID-19 cases on board.

New South Wales police commissioner Mike Fuller said: “The only way I can get to the bottom of whether our national biosecurity laws and our state laws were broken is through a criminal investigation. The key question that remains unanswered... was [ship’s operator] Carnival transparent in contextualizing the true patient and crew health conditions relevant to COVID-19?

“There seems to be absolute discrepancies between the information provided by Carnival and what I would see as the benchmark for the laws that the federal government and the state government put in place in terms of

protecting Australians from cruise ships when coronavirus had started.”

Lawyer Debi Chalik, representing thirty-two *Ruby Princess* passengers in the United States—including the family of Chung Chen, a sixty-four-year-old American citizen who died in Los Angeles on April 4 after contracting the virus—described the cruise line as “reckless” to have even set sail in the first place. “The case against Princess Cruises is based on corporate negligence and corporate gross negligence, they sailed on March 8th knowing that there was a huge risk of putting their passengers exposed to COVID-19,” she said, adding that the passengers had been deliberately kept in the dark about the potential dangers.

“There was no reason for them to know that anything other than an ordinary cruise was happening. They didn’t realise there was an outbreak on the ship until after they got home.”

For his part, Princess Cruises President Jan Swartz said: “It is heartbreaking and distressing to know that coronavirus has had, and continues to have, such a terrible impact on so many people across the world, including some of our guests, crew members, and their families. Our hearts and thoughts go out to everyone that has been affected.... This was an unprecedented global situation and everyone involved was no doubt making the best decisions they could at the time.”

It was also alleged that, far from trying to help and protect those passengers who had come down with symptoms, Princess Cruises instead saw the outbreak as a chance to make a quick buck.

In one case, passenger Tony Londero came down with flu-like symptoms eight days into the cruise. He duly reported to the onboard medical center, and by the time he was carried off the ship on a stretcher, seriously ill with COVID-19, had been charged more than \$8,000 in medical costs.

Miami lawyer Jim Walker said that for the mega cruise-ship companies, even treating sick passengers can be seen as a chance to turn a profit.

“They’re fleecing passengers... they treat their passengers like walking ATMs,” he said. “Ship infirmaries have a sole purpose of making a profit for the cruise line.”

He also said that the prohibitive costs would have deterred some passengers with COVID-19 symptoms from attending the medical center, and so the true extent of the outbreak remained undetected. “I wouldn’t hesitate in saying that they’re trying to cover up their problem. You can knock out a good portion of the passengers who are going to test positive because you make it too expensive for them to show up at the infirmary. I mean you can’t have a situation where people are reluctant to go to the ship infirmary.”

An official enquiry was launched into the debacle on April 15, with New South Wales opposition leader Jodi McKay describing the affair as one of the

most significant health failures in the state's history.

The *Diamond Princess* and *Ruby Princess* outbreaks unfolded like a movie before the eyes of the world—and taught us that, until a vaccine can be found, the only apparent way to avoid contracting COVID-19 is to shun all contact with anyone else who might have it. Or at least, it should have taught us that. Unfortunately, despite the clear lessons the *Diamond Princess*—and Wuhan before it—presented, world leaders in the West were still agonizingly slow to react. Although Wuhan and several other Chinese cities had been in lockdown since late January, the prevailing mood in Europe and the US seemed to be one of complacency, superiority, and even incredulity that the people of China would allow themselves to submit to something so authoritarian as a city-wide lockdown.

WHO's representative in Beijing, Gauden Galea, told the news agency Reuters the move to close a major metropolis was beyond WHO guidelines.

“The lockdown of 11 million people is unprecedented in public health history, so it is certainly not a recommendation the WHO has made,” he said, adding that authorities had to wait to see how effective it would be. In a further statement, the WHO added that such a mass quarantine was “new to science.”

Medical historian Howard Markel, writing in the *New York Times*, described the mass quarantining of Wuhan and other Chinese cities as “perhaps understandable, given the searing memory of the SARS epidemic of 2002–2003 and the criticism that was directed at the government for its early attempts to conceal or minimize the extent of the disease. But it may now be overreacting, and after the coronavirus epidemic's inflection point, imposing an unjustifiable burden on the population.”

He also declared, “Incremental restrictions, enforced steadily and transparently, tend to work far better than draconian measures.”

In the UK, Health Secretary Matt Hancock said on January 24 that “the clinical advice is that the risk to the public remains low.” His statement was echoed by Chief Medical Officer Professor Chris Whitty, who insisted, “There may well be cases in the UK at some stage. We have tried and tested measures in place to respond.”

President Trump insisted a month later in a February 24 tweet: “The Coronavirus is very much under control in the USA ... Stock Market starting to look very good to me!”

And on March 9, fully three days after President Macron of France and

one day after Italian Prime Minister Giuseppe Conte had put their entire nations on “mandatory home confinement,” a defiant Trump tweeted again: “The Fake News Media and their partner, the Democrat Party, is doing everything within its semi-considerable power ... to inflame the CoronaVirus situation.”

The day after that, the British government greenlighted the annual Cheltenham Festival, a horse racing event that attracted crowds of a quarter million people over four days, from March 10 to March 13.

It was during that festival that the WHO finally declared COVID-19 to be a pandemic. Within days, Germany and Spain followed Italy and France into national lockdown; by the end of the month, countries around the world, including the United Kingdom, and many US states including New York and California, were also quarantined.

What had been described as an “unprecedented” action in Wuhan, an action the WHO was clear it had not recommended, now seemed to be the only weapon the world had to fight the spread of COVID-19.

As we shall see, it was not the WHO’s only misstep.

CHAPTER FOUR

WHO ARE YOU?

“WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction ... we have called every day for countries to take urgent and aggressive action. We have rung the alarm bell loud and clear.”

—Dr. Tedros Adhanom Ghebreyesus,
WHO Director General, March 11, 2020

“The W.H.O. really blew it. For some reason, funded largely by the United States, yet very China centric.”

—President Trump, Twitter, April 7, 2020

It describes itself as “the global guardian of public health.”

From the bright, airy, modernist buildings of its Geneva, Switzerland, headquarters, bedecked with the flags of its 194 member states, the World Health Organization’s stated mission is, in their own words, to “work side by side with governments and other partners to ensure the highest attainable level of health for all people ... Our aim is to be an organization that pursues excellence, contributes to greater coherence in global health, and, most important of all, achieves better health outcomes.”

As the world’s leading health organization, the planet’s Ministry of Public Health, if you like—and the body that governments and administrations across all political divides turn to for guidance and leadership in the event of any health crisis—the WHO was naturally on the front line of the COVID-19 outbreak. What it advised, and when it advised it, was crucial in the fight against the disease.

For some, both the quality and the timing of that advice was sadly and

perhaps scandalously flawed. For others, the WHO's limitations were being used to mask the mistakes of leaders of certain member states. That there was fault on both sides is beyond dispute.

As we have already seen, in the early days especially, China was not exactly transparent about the scale or the nature of the COVID-19 outbreak. But a look at how the WHO responded to the emerging crisis tells a story of its own failures too.

On January 4, 2020, the organization made its first announcement on the subject, tweeting: “#China has reported to WHO a cluster of #pneumonia cases—with no deaths—in Wuhan, Hubei Province. Investigations are underway to identify the cause of this illness.”

WHO followed this up the next day, saying there were a total of forty-four patients and eleven in severe condition, all suffering from “pneumonia of unknown cause.” The main symptom was listed as fever, with “a few patients having difficulty breathing.” Apparently taking their cue from the Chinese, they added that there was “no evidence of human-to-human transmission” and that “no health care worker infections have been reported.”

On January 9, the WHO repeated its assessment that the virus “does not transmit readily between people” and went on to *even* praise China for identifying the new virus “in a short space of time,” as well as advising against travel or trade restrictions on the country.

It would be another eleven days before a WHO team visited Wuhan to conduct their own inquiries. Their report, published on January 22, noted that, contrary to earlier statements, human-to-human transmission was taking place, and that there had been confirmed infections in at least sixteen medics. The team also recommended avoiding large gatherings, isolating infected people, and a focus on washing hands as the best way to combat the virus's spread.

After the WHO Emergency Committee convened for the first time, Dr. Tedros Adhanom Ghebreyesus, director general of the WHO, again praised the Chinese government for its “invaluable” efforts to halt the virus. He further expressed his admiration for China's “cooperation and transparency” the following day and made the crucial decision not to declare the virus a Public Health Emergency of International Concern—one step short of a full pandemic.

Five days later, on January 28, Dr. Tedros met President Xi Jinping and was again oddly effusive in his praise for the regime, lauding “the seriousness with which China is taking this outbreak, especially the commitment from top leadership and the transparency they have demonstrated.” The following day Dr. Tedros gave a speech in which he said the regime “deserves our gratitude and respect” for locking down cities to prevent the spread.

Finally, on January 30, the WHO Emergency Committee declared COVID-19 a Public Health Emergency of International Concern, saying “all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection, and to share full data with WHO.” By this time, no fewer than twenty-three countries and territories across four continents, including Europe and North America, had confirmed cases. Again, however, Dr. Tedros insisted, staggeringly, the Chinese regime had “set a new standard for outbreak response.”

The following day, President Trump announced travel restrictions on people coming to the United States from China ... a move apparently opposed by the WHO three days later on February 3, in a speech by Dr. Tedros in which he again sycophantically praised President Xi for his leadership and insisted that cases outside China “can be managed” if world authorities followed recommendations which included no ban on travel or trade.

It was not until February 17 that Dr. Tedros began chairing daily updates on the response to the virus. In the first of these, he urged world leaders not to “squander” a window of opportunity to prevent the virus spreading further. On March 11, the WHO finally declared COVID-19 a pandemic. By that point, more than 126,000 cases had been reported worldwide and 4,628 people had died.

The WHO was born in 1948 out of a postwar optimism and global idealism as part of the United Nations. Its mission: “to promote and protect the health of all peoples.” Headquartered in the famously neutral Switzerland, the idea was that, being free from political affiliation or allegiance to any one state, it could act in the interests of the whole world, without fear or favor.

Perhaps its most spectacular success was the pivotal role it played in eradicating smallpox, a disease that, as recently as the 1950s, was still killing millions every year worldwide. The brilliance of the organization in that case came from not only their scientists, but also their diplomats.

In 1959, even as Cold War tensions between the East and West were escalating, the WHO convinced the Soviet Union to manufacture 25 million smallpox vaccine doses for the organization to distribute across the world. Naturally, the United States didn’t want it to look like the Soviets were leading the way in the fight against the disease, so they also donated millions to vaccination programs. Within a decade, every nation in the UN was submitting detailed weekly reports to the WHO on their number of smallpox

cases and vaccination progress. By 1979, just twenty years after convincing the Soviets to get on board, the WHO announced that smallpox—a disease that had been around since the third century BC and that had killed an estimated 500 million in the last 100 years alone—had been eradicated. If this stands as the WHO's greatest achievement, it is also, conceivably, one of humankind's.

Today, the WHO has around 7,000 workers in 150 offices worldwide, and in the twenty-first century has overseen the global response to international health emergencies including the SARS pandemic, the 2009 H1N1 swine flu outbreak, and the 2014 Ebola emergency ... with mixed reactions. The roots of both the organization's response to COVID-19 and the criticism it has received may lie within their handling of those three diseases.

In February 2003, when the Chinese government belatedly informed the WHO about the SARS epidemic, the organization took swift and decisive action. The director general at that time was Dr. Gro Harlem Brundtland, a former prime minister of Norway, who was known for her refusal to be intimidated by the squabbles of international politics. "If the job is to direct and coordinate global health, it's not a question of what one or several governments ask you to do," she said. "We are working for humanity."

Under Dr. Brundtland's leadership, SARS—a pandemic that threatened to conquer the world—had been contained by July the same year with fewer than 1,000 dead. As with smallpox, the key to success was diplomacy: the WHO had successfully united the world in implementing travel warnings, tracking, testing, and a global sharing of information to the benefit of all.

Dr. Brundtland had also been unafraid of upsetting individual regimes, accusing China of withholding crucial information at the early stages of the outbreak and claiming that "if the WHO had been able to help at an earlier stage," the disease might have been contained at the very beginning.

It was another victory for the WHO—but as we have already seen, Beijing was not entirely prepared to forgive, or forget, such public humiliation.

Six years later, another pandemic, another swift reaction by the WHO—but this time with a different result.

When the H1N1 swine flu virus was discovered in Mexico in March 2009, the WHO was again quick to declare the outbreak a pandemic. However, after the end of the outbreak a little over a year later, media around the world—as well as many prominent politicians—accused the WHO of jumping the gun, overextending their powers, and wasting millions of dollars on a disease where the risk of serious illness was no higher than that of the yearly seasonal flu. According to British MP Paul Flynn, the WHO had "cost huge amounts of money and frightened people unnecessarily."

Five years later, after the Ebola outbreak laid waste to west Africa, the

criticism of the WHO was even more vociferous—for exactly the opposite reason. This time the organization had been too slow to react, meaning they lost control of the outbreak. The US and other nations ended up having to deploy more than 5,000 military personnel to Liberia, Sierra Leone, and Guinea, and an emergency UN committee was created to handle the situation instead of the WHO. A 2015 report in the *Lancet* by an independent panel of twenty experts, convened by the Harvard Global Health Institute and the London School of Hygiene and Tropical Medicine, declared, “The most egregious failure was by WHO in the delay in sounding the alarm.”

Professor Peter Piot, director of the London School of Hygiene and Tropical Medicine and chair of the panel, added, “Major reform of national and global systems to respond to epidemics are ... essential, so that we do not witness such depths of suffering, death and social and economic havoc in future epidemics.”

Now, just five years later, as the world faced a health emergency unprecedented in living memory, the organization tasked to “promote and protect the health of all peoples” was finding itself in a crisis born out of its previous failures—and its past victories. Uncertain whether to act too quickly (as with H1N1), or too slowly (as with Ebola), confronted with a Chinese regime still smarting from their SARS climbdown, and lacking the diplomatic dexterity to steer a steady course through the geopolitical storm, the WHO had never looked in worse shape.

Since the very beginning of the COVID-19 crisis, the WHO—and Dr. Tedros in particular—had repeatedly been accused of being too soft on China. From those initial WHO missives that appeared to simply repeat whatever line Beijing chose to put out, to the fawning praise of President Xi throughout January and into February—even as it became increasingly clear to the rest of the world that the regime was not only covering up the true scale of the outbreak but actively censoring and silencing any dissenting voices—many politicians, academics, and NGOs argued that the WHO had simply caved in to a bullying Chinese regime.

“You’ve got a situation where it looks like WHO doesn’t want to exercise its authority,” said David Fidler, a fellow in global health at the Council on Foreign Relations and a regular consultant to the WHO.

Florida senator Marco Rubio went further, suggesting the Chinese government had “used the WHO to mislead the world,” claiming that the organization “is either complicit or dangerously incompetent.” His accusation

was echoed by Senator Rick Scott, who accused the WHO of “helping Communist China cover up a global pandemic.”

Even after the death of Dr. Li Wenliang, the WHO seemed reluctant to criticize the regime that had made a martyr of him. When asked about Dr. Li at a press conference shortly after his death, Michael Ryan, executive director of the WHO’s Health Emergencies Program, said, “We all mourn the loss of a fellow physician and colleague,” but did not condemn China for attempting to silence him in the first place, saying instead that “there is an understandable confusion that occurs at the beginning of an epidemic.... So we need to be careful to label misunderstanding versus misinformation; there’s a difference. People can misunderstand and they can overreact.”

Another accusation came in late March: that the WHO had deliberately ignored a warning from Taiwan about the human-to-human transmission of COVID-19 as long ago as December 2019.

On March 24, Bob Chen, of Taiwan’s Ministry of Foreign Affairs, said that as reports started coming in of cases of a SARS-like illness in December, his government began monitoring travelers arriving from Wuhan—and that on December 31, when China informed the WHO about these mysterious “pneumonia” infections, Taiwan authorities also contacted the organization. Their information was that health care workers had been falling ill—indicating that the virus was spreading between people, contrary to the Chinese claim.

According to Chen, his warnings were ignored. Was this another example of the WHO bowing to pressure from Beijing—which has blocked Taiwan from joining the United Nations and the WHO for decades?

If Taiwan’s assertion—that the WHO ignored their warnings in order to appease China—was a crisis for the organization, far worse was to come. On April 7, as confirmed cases of COVID-19 in the US hit 400,000, the leader of the free world weighed in.

In his daily White House press briefing, President Trump used his platform to directly attack the WHO.

“The WHO, that’s the World Health Organization, receives vast amounts of money from the United States,” he said. “And we pay for a majority—biggest portion of their money. And they actually criticized and disagreed with my travel ban at the time I did it. And they were wrong. They’ve been wrong about a lot of things. And they had a lot of information early and they didn’t want to—they’re very—they seem to be very China-centric. And we

have to look into that. So we're going to look into it.

"They called it wrong. They called it wrong. They really—they missed the call. They could have called it months earlier. They would have known, and they should have known. And they probably did know, so we'll be looking into that very carefully.

"They didn't want the borders closed; they called it wrong. They called—they really called, I would say, every aspect of it wrong.

"You know, we fund it.... And they seem to err always on the side of China. And if you look back over the years even, they're very much—everything seems to be very biased toward China. That's not right."

On April 12, journalist Kathy Gilsinan in the *Atlantic* magazine quoted an email sent to her by Peter Navarro, the president's trade director, in which he wrote, "Even as the WHO under Tedros refused to brand the outbreak as a pandemic for precious weeks and WHO officials repeatedly praised the [Chinese Communist Party] for what we now know was China's coordinated effort to hide the dangers of the Wuhan virus from the world, the virus spread like wildfire, in no small part because thousands of Chinese citizens continued to travel around the world."

In 2019, the United States contributed around \$500 million of the WHO's \$2 billion annual budget. On April 14, President Trump made good his threat to cut the purse strings—and announced that the United States would halt funding to the WHO, blaming it for "severely mismanaging and covering up the spread of the coronavirus."

The move immediately drew widespread condemnation from world leaders and health experts, including those who had been critical of the WHO themselves.

António Guterres, the secretary general of the United Nations, defended the WHO, saying it "must be supported, as it is absolutely critical to the world's efforts to win the war against Covid-19."

Mr. Guterres continued: "it is possible that the same facts have had different readings by different entities," but that the middle of a pandemic was "not the time to reduce the resources for the operations of the World Health Organization or any other humanitarian organization in the fight against the virus."

In the UK, Dr. Jeremy Farrar, director of the influential health charity the Wellcome Trust, said the WHO needs "more resources, not less" to tackle the pandemic, adding: "We are facing the greatest challenge of our lifetime. No other organization can do what they do. This is a time for solidarity, not division."

For their part, in what may be seen as one of the greatest understatements of the whole crisis, the WHO called the president's decision "regrettable."

The failings of the WHO—especially in the early weeks of the outbreak—were clear. But were they also understandable? And was President Trump’s decision to apportion such a degree of blame onto the organization really as clear cut as he made out? Or did the White House have its own agenda in play?

The truth is, the WHO of 2020 is not the WHO of 1959, or even the WHO of 2003. Its annual operating budget is smaller than that of many university hospitals and is split across a wide range of projects worldwide. It remains an advisory-only body—able to make recommendations to countries concerning the health of their citizens and how best to prevent or combat disease outbreaks, but with no actual power to enforce those recommendations. Nobody has to do what the WHO tells them to do.

As Gian Luca Burci, who was the WHO’s legal counsel until 2018, puts it: “The WHO isn’t NATO, it’s not the security council.”

The fact is, many countries don’t like being told what to do.

Throughout January, as it became increasingly clear that China was not being as honest about the outbreak as it claimed, the WHO was put in a near-impossible position. Whatever information could be learned about COVID-19—information that would lead to lives saved; information that could still, potentially, avert a global disaster—could only be learned with the cooperation of the Chinese. Dr. Tedros was caught in the most delicate diplomatic balancing act—without any power to coerce Beijing to share what it knew about the virus, he had to rely on diplomacy. Openly confronting the regime risked a total shutdown. He was, in effect, trying to coax China into playing along. In that context, his apparent praise for their actions amounted to mere pillow talk.

According to Professor Devi Sridhar, founding director of the Global Health Governance Programme based in Edinburgh, Scotland and a self-described “harsh critic” of the WHO’s response to the Ebola epidemic, the organization was effectively caught between a rock and a hard place. She said the WHO could have issued a condemnation of China, but it would have been a hollow victory, at best: “What would that have achieved? He still needs to go back a week later and ask China to share data.

“I think there’s a big difference in diplomacy, between doing things publicly with the media—which is often just a performance, to make a posture—and to do things privately and actually advocate and get things moving.”

After those initial missteps, the WHO did use its platform to issue warnings and advice that have since been proved right. Throughout the WHO’s daily news briefings in late January and February, Dr. Tedros

repeated: “We have a window of opportunity to stop this virus. But that window is rapidly closing.”

It also urged individual states to track and trace all known cases, to share scientific resources and information, and to limit public exposure by means of social distancing policies, public closures, and even full lockdowns.

The problem was that many countries failed to follow that advice. The British government initially appeared to pursue a “herd immunity” strategy—exactly the opposite of the WHO’s recommendation—and at the time of writing in June 2020, are still notably sluggish about testing and even tracking suspected COVID-19 cases.

President Trump himself came under increasing attack for his own slow response to the threat—failing to recommend school closures or avoiding travel until as late as March 16.

As the policies of the UK and US were proved disastrously wrong, deflecting blame for the failings of their administrations onto an unelected organization supposedly in thrall to Communist China would certainly help redirect attention away from their own mistakes.

Throughout April, as the pandemic raced toward its fifth full month and the numbers of infected and dead continued to increase at a terrifying rate, it seemed the good advice of the organization charged with looking after the health of the world was being lost or forgotten—and the early misjudgments and weaknesses of the WHO were being used as a smokescreen for governments playing their own political games.

By the spring, very few world leaders were thinking about working together to control global numbers and were concentrating only on reducing their own infections and fatalities—and, if they couldn’t do that, on finding ways to avoid the blame for their mistakes. Perhaps most extraordinarily, for some supposed beacons of Western democracy, that even meant taking a page or two out of President Xi’s playbook.

CHAPTER FIVE

THE WAR IN EUROPE

“This government, like all governments, will have made mistakes, but it will be impossible to determine exactly which were the areas of greatest concern until sometime in the future, when we have all the information that we need.”

—Michael Gove, British Cabinet Minister, May 3, 2020

Within a month of Wuhan recording its first case, it was clear that COVID-19 was not a disease that was to stay local to that city, or China, or even southeast Asia. The first US case was recorded on January 20; four days after that it reached Europe. By February 1, France, Spain, Germany, Italy, Sweden, and the United Kingdom all had confirmed cases. How those countries reacted to the growing threat would define the fates of hundreds of thousands of their citizens.

Initially, it seemed Italy was to be a leading light in the fight against the virus. Their first case had been identified on the last day of January, when two Chinese tourists in Rome tested positive. That same day, Prime Minister Giuseppe Conte declared a six-month state of emergency, suspended all flights to and from China, and introduced thermal scanners and temperature checks for international passengers arriving at Italian airports. “We can reassure all citizens the situation is under control,” he declared. “The system of prevention put into place by Italy is the most rigorous in Europe.”

It appeared he was right. For two full weeks between February 6, when an Italian repatriated from Wuhan tested positive, and February 20, Italy’s active number of confirmed COVID-19 cases remained at just three. But behind the scenes, the situation was anything but under control. In the north part of the country, unnoticed, the virus was festering, growing, spreading. By March 10, Italy would record just over 600 deaths from the disease, the highest number of cases and deaths of any country at that time outside China. One month after that, over 19,000 Italians would be dead, at a rate of around 600 fatalities a

day.

How did a country that was the first to implement the most rigorous restrictions in Europe come to suffer so greatly from COVID-19?

As the tragedy unfolded through late February and March, the reasons for Italy's plight should have been a lesson for the rest of the world. It was a lesson some chose to ignore.

On February 18, a fit thirty-eight-year-old man from the town of Codogno in Lombardy, in northern Italy, went to the ER at his local hospital, complaining of a fever, cough, and shortness of breath. He was given antibiotics but refused to stay at the hospital—only to return later when his condition worsened. This time he was admitted and given an oxygen mask. Two days later, he tested positive for COVID-19. He is now known as “Patient One.”

Patient One had enjoyed a busy few weeks prior to his hospitalization. He had played soccer with his local team, been running with friends, and attended several dinners and other social functions. Such a packed social life—as well as his visits to the hospital—meant that in those first weeks of his infection, including the time before he even started presenting any symptoms, he had almost certainly passed the disease on to many of those he came into contact with. As we know, COVID-19's unusually high basic reproduction number means each of those he infected would have also infected as many as five or six other people in turn, and each of those another five or six people, and so on.

Within three days of Patient One's diagnosis, Italy's cases had jumped from three to 150. Three deaths had also been recorded. The virus was back—and once again, it appeared the government acted strongly and decisively to avert a potential disaster. Some 50,000 people in eleven municipalities in the north of the country were placed under quarantine, with police and military checkpoints put in place. Schools, museums, and movie theaters were closed in twelve municipalities across Lombardy (home to Italy's economic powerhouse Milan), Veneto (of which the capital is Venice), and Emilia-Romagna. All public events including sporting events and religious services in the affected regions were canceled and many regional train services were suspended. The last two days of the Carnival of Venice were canceled; in Milan, the famous La Scala opera house and Duomo di Milano cathedral were ordered to close their doors. The final day of Milan Fashion Week was streamed online without any media or buyers present.

Tragically, it was already too late. Within a month of the first Lombardy lockdown, those 150 cases had become 64,000. And still the virus spread.

The truth is, COVID-19 had never gone away. Patient One may have become the poster boy for the Italian outbreak, but scientists now believe that

the virus had been circulating unnoticed around northern Italy since January, with many of the infected attributing their symptoms to winter flu.

Speaking to *Time* magazine, Flavia Riccardo, a researcher in the department of infectious diseases at the Italian National Institute of Health, said, “This started unnoticed which means by the time we realized it, there were a lot of transmission chains happening. The virus had probably been circulating for quite some time. This happened right when we were having our peak of influenza and people were presenting with influenza symptoms.”

Before Patient One presented himself at Codogno hospital, the same institution had reported an unusually high number of pneumonia cases, according to Stefano Paglia, head of the emergency ward, as quoted in *La Repubblica* newspaper. It now seems highly likely that many, if not all, of those influenza and pneumonia cases were in fact COVID-19.

“At the moment, it looks like the outbreak already started in early January, so it had time to grow to a considerable size,” Christian Althaus, a computational epidemiologist at the University of Bern, told *Wired* magazine. “The initial infected cases can be missed, and the virus can spread freely.”

Was the dramatic and deadly Italian outbreak of COVID-19 simply a case of bad luck? Was there nothing more Prime Minister Conte and the Italian authorities could have done? Well, yes and no.

Mistakes were made. Certainly Prime Minister Conte acted swiftly to shut down flights from China as soon as a case was recorded in Italy ... but just ten days before then, even as the world watched with horror what was unfolding in Wuhan, Italy’s culture and tourism minister Dario Franceschini had hosted a Chinese delegation at a concert at the Auditorium Parco della Musica in Rome to inaugurate the year of Italy-China Culture and Tourism. As well as the Chinese delegation, some 2,500 guests were present.

On February 19, just when Patient One was at his most contagious, 40,000 soccer fans traveled from Bergamo in Lombardy to Milan’s San Siro stadium to watch local team Atalanta beat Spanish side Valencia, 4–1, in a European Champions League clash. The match was later described as a “biological bomb” by Bergamo mayor Giorgio Gori, as each goal was wildly celebrated by the Italian fans hugging, kissing, and “falling on top of each other” before returning en masse to Bergamo. “Unfortunately we couldn’t have known,” he said. “No one knew the virus was already here. It was inevitable.”

For other politicians, there are no such excuses. On February 25, two days after the initial shutdown of the Lombardy, Veneto, and Emilia-Romagna

regions, far-right Lombardy governor Attilio Fontana told the regional parliament that the virus was “just a little more than normal flu.” Following his lead, the region promptly relaxed restrictions on bars and restaurants.

Two days after that, as the number of infected Italians passed 600 and the number of deaths edged toward 20, the leader of the governing center-left Democratic Party Nicola Zingaretti posted a picture of himself clinking glasses for “an aperitivo in Milan,” urging people “not to change our habits,” to avoid “destroying life or spreading panic,” and to “give signs of recovery and rebounding.” At the same time, Milan mayor Giuseppe Sala launched a campaign called “Milan doesn’t stop,” encouraging the 1.3 million residents of the city to carry on as normally as possible and allowing the bars to reopen in the evenings. Within a week the Duomo di Milano cathedral’s door was also reopened to tourists, along with many museums.

By March 7, Attilio Fontana confirmed one of his assistants had been infected and that he would work in “self-isolation” from now on. Nicola Zingaretti posted another video, this time informing the people of Milan that he too had the virus.

Even Prime Minister Conte—praised for his initial strong action—had apparently let complacency cloud his judgement. “We have been the first ones with the most rigorous and accurate controls,” he boasted in a TV interview after the botched Lombardy lockdown, adding that more people in Italy appeared infected simply because “we did more tests.” On February 25 he doubled down on the boast, declaring that “Italy is a safe country and probably safer than many others.”

According to Sandra Zampa, undersecretary for the ministry of health, a kind of Western arrogance had crept into Italy’s attitude to combating COVID-19. Mass lockdowns were all very well in a communist regime, but were unthinkable for the sociable, gregarious, tactile, freethinking Italians. She described politicians seeing the example of China not as a practical warning but a “science fiction movie that had nothing to do with us.” Perhaps most chillingly, she added that after the virus exploded across Italy, Europe “looked at us the same way we looked at China.”

Finally, on March 8, Giuseppe Conte bowed to the inevitable. In a news conference conducted at 2:00 a.m., he announced a full lockdown of Lombardy and fourteen other provinces in Veneto, Emilia-Romagna, Piedmont, and Marche, affecting more than 16 million people. Only movement for emergencies or “proven working needs” was allowed in and out of those areas; all gyms, swimming pools, museums, cultural centers, cinemas, theaters, pubs, clubs, dance schools, game rooms, and betting rooms were shut. All organized events were suspended, as were civil and religious ceremonies, including funerals.

It was described by the *New York Times* as the largest lockdown in the history of Europe. “We are facing an emergency,” an ashen-faced Mr. Conte said. “A national emergency.”

But it was still not enough.

News of the lockdown had been leaked hours before the press conference, and thousands of Milanese had fled south, either in their cars or else crowding in trains—effectively carrying the virus, at that point largely contained in the north, out of quarantine and into the rest of Italy.

A day later, on Monday, March 9, Prime Minister Conte extended the lockdown to the whole country. Sixty million Italians—an entire nation—were now confined to their houses. “There is no more time,” he said. “The whole of Italy will become a protected zone. We must all give up something for the good of Italy. We have to do it now.”

Restrictions would only begin to be relaxed nearly two months later, on May 4, by which time nearly 212,000 Italians had contracted COVID-19 and 29,079 had been killed by the virus. At the time of this writing, only the United States, Brazil, and Great Britain would suffer greater losses.

If the West had watched Wuhan with incredulous eyes, surely the lessons of Italy were to serve as a wake-up call for the world. The unprecedented lockdown had shocked many—but throughout March, as the virus tore through the troubled nation, the details were often little short of horrifying. The so-called “Chinese disease” was not only here, in our own back yard, but it was exacting a terrible toll.

Hospitals began to be overwhelmed, with frontline workers describing a “tsunami” of patients. Medical staff were working fourteen-hour days for weeks on end without any breaks. Supplies of personal protective equipment such as facemasks, gowns, and gloves began to run low, meaning more doctors and nurses were becoming infected ... which in turn meant fewer medical staff on the front line working longer shifts in tougher conditions.

In an article for the European Society of Cardiology, anesthesiologist Dr. Annalisa Malara described in painful detail her work at that time.

“I have never experienced anything like this before,” she wrote. “The work is relentless and long: up to 14 hours per day with no time to eat or drink. There is no time to lose so we don’t want to stop. But maybe once or twice a day we go for a drink of water, once a day to the bathroom. It means removing all the PPE, leaving the ward, then reversing the process when you get back. We also work with the danger of being infected.

“This is psychologically very difficult, not just physically difficult. We are all very stressed. But if we don’t do it, nobody will, so we have to continue. When you go home you continue to think about what you saw in the hospital. You are afraid that this situation will never end. You worry about everyone’s safety: your patients, friends, relatives and your own. There is no break from it; you can’t relax.

“We are dealing with a severe emergency. A lot of people are very sick and some of them do not overcome their serious respiratory crisis. Families can’t come to the hospital to be with loved ones, so patients endure this experience alone. This is very sad. We are with patients throughout, even at the end, but we are strangers. It’s not the same.”

Despite the heroics of medical workers like Dr. Malara, the hospitals simply couldn’t cope with the numbers. Without enough room in the wards to accommodate every case, patients were being treated where and when they could, in what were often improvised spaces and without proper quarantine measures.

It was not only the living that were overwhelming the system. As the fatalities crept up past 700, then 800, then 900 a day, the bodies began piling up. Hospital morgues were full well past capacity, as were mortuaries. In churches such as the Church of All Saints in Bergamo, scores of coffins lay neatly lined up in a queue for cremations.

“Unfortunately, we don’t know where to put them,” Brother Marco Bergamelli, one of the priests at the Church of All Saints, told the *New York Times*. He said that with hundreds dying each day, and with each body taking more than an hour to cremate, there was an awful backlog. “It takes time and the dead are many.”

He also described ringing the death knell just once a day, to keep from ringing it all day long.

“For us, it’s a trauma, an emotional trauma,” Alberto Ceresoli, editor of Bergamo newspaper *L’Eco di Bergamo*, was quoted as saying. “These are people who die alone and who are buried alone. They didn’t have someone to hold their hand and the funerals have to be tiny, with a quick prayer from the priest. Many of the close relatives are in quarantine.”

Bergamo resident Alessandro Valoti described the virus as a massacre. “In Bergamo, so many bodies are piling up they don’t know what to do with them.”

Eventually the army were called in. In shocking scenes more reminiscent of World War II than twenty-first-century Europe, news channels showed footage of convoys rumbling through deserted streets of Italian cities, carrying dozens of coffins for containment and cremations on remote sites.

“I would never have imagined that we would see a convoy of army trucks

carrying coffins,” said Prime Minister Conte. “These are terrible days, without precedent.”

Italy was a warning to the West. But even as the hospitals were overwhelmed and the bodies were carted away in trucks, it seemed a warning few took seriously.

Spain had followed Italy into nationwide lockdown on March 14, but only after a slew of fatal mistakes caused by the same kind of national nonchalance that so many Italians had displayed. “Spain will only have a handful of cases,” Dr. Fernando Simón, the head of medical emergencies in Madrid, said on February 9.

Ten days after that statement, 2,500 Valencia fans had traveled to Milan for the “biological bomb” Champions League soccer match against Bergamo—placing themselves right in the epicenter of the Italian outbreak, mixing in bars, hotels, and restaurants as well as the packed, sweaty San Siro stadium itself.

As late as March 8, sports events across Spain were still taking place, as well as political party conferences and a series of mass demonstrations to mark International Women’s Day. After schools and universities in Madrid were closed days before the national lockdown, a holiday atmosphere took hold in the city, as families headed for parks and bars to enjoy the spring sunshine together. As had happened in Italy, when the lockdown was finally announced many fled the cities for other parts of the country, taking the virus with them.

Like Italy, Spain would pay a terrible price: over a quarter of a million cases by early May, and more than 25,000 COVID-19 fatalities.

France too would suffer hugely—President Emmanuel Macron delayed “mandatory home confinement” until March 16, by which time there were already over 6,000 cases nationwide. Like Italy and Spain, by early May that nation’s dead would also exceed 25,000.

If Italy’s experience of COVID-19 could be attributed in part to bad luck, its European neighbors had no such excuse. As former Italian prime minister Matteo Renzi put it, “Europe is being tested now and Italy, unfortunately, has been the guinea pig.”

What that guinea pig showed was that any kind of staggered or low-key lockdown simply would not work; that there would always be some who, given the choice, would prioritize tourism, or industry, or profit-and-loss forecasts over public safety, and also that many ordinary people—through

either understandable ignorance, willful arrogance, or even just plain fear—would ignore anything but the strictest official advice in favor of their own needs.

On March 11, three days before Spain locked down, five days before France followed suit, and nearly two weeks before British prime minister Boris Johnson and American president Donald Trump imposed any meaningful restrictions, *Newsweek* magazine ran an article bylined simply “A Doctor in Western Europe,” in which an anonymous medic criticized the complacency of those in power—and, in the face of the failure of the State, called on ordinary citizens to take the kind of responsibility necessary to combat the virus.

“I’m a doctor in a major hospital in Western Europe,” the article starts. “Watching you Americans (and you, Brits) in these still-early days of the coronavirus pandemic is like watching a familiar horror movie, where the protagonists, yet again, split into pairs or decide to take a tour of a dark basement.

“The real-life versions of this behavior are pretending this is just a flu; keeping schools open; following through with your holiday travel plans, and going into the office daily.

“This is what we did in Italy. We were so complacent that even when people with coronavirus symptoms started turning up, we wrote each off as a nasty case of the flu. We kept the economy going, pointed fingers at China and urged tourists to keep traveling. And the majority of us told ourselves and each other: this isn’t so bad. We’re young, we’re fit, we’ll be fine even if we catch it.

“Fast-forward two months, and we are drowning.

“Put aside statistics. Here is how it looks in practice. Most of my childhood friends are now doctors working in north Italy. In Milan, in Bergamo, in Padua, they are having to choose between intubating a 40-year-old with two kids, a 40-year old who is fit and healthy with no co-morbidities, and a 60-year-old with high blood pressure, because they don’t have enough beds. In the hallway, meanwhile, there are another 15 people waiting who are already hardly breathing and need oxygen.

“The army is trying to bring some of them to other regions with helicopters but it’s not enough: the flow is just too much, too many people are getting sick at the same time.

“If your government is hesitating, these restrictions are up to you. Stay put. Do not travel. Cancel that family reunion, the promotion party and the big night out. This really sucks, but these are special times. Don’t take risks. Do not go to places where you are more than 20 people in the same room. It’s not safe and it’s not worth it.

“It’s the civic and moral duty of every person, everywhere, to take part in the global effort to reduce this threat to humanity.”

First Wuhan, then Italy, then mainland Europe had all been devastated by COVID-19. As successive administrations failed to act, the consequences had only worsened.

But as the virus spread west, the three nations that, by the end of June, were to suffer more fatalities than any other on the planet would be damned by their own entirely unique failings. Failings that reached to the very top of government. Failings that should live in infamy for generations to come.

CHAPTER SIX

ANARCHY IN THE UK

“One of the theories is that perhaps you could take it on the chin, take it all in one go and allow the disease, as it were, to move through the population, without taking as many draconian measures.”

—Prime Minister Boris Johnson,
This Morning TV show, March 5, 2020

“Herd immunity, protect the economy, and if that means some pensioners die, too bad.”

—Dominic Cummings, chief adviser to Boris Johnson, as
quoted in the *Sunday Times*, March 22, 2020

On May 5, 2020, the UK recorded its 29,427th official death from COVID-19. The grim statistic made Britain the worst-hit country in Europe—and second only to the United States for recorded deaths from the virus in the entire world. More so than perhaps any nation other than the US and China, the reason—and the blame—for many of those UK deaths lies squarely with those charged with protecting its citizens.

Somewhat surprisingly, the record death toll was not considered front page news. The following day, most of the British media led with the story that Professor Neil Ferguson—aka “Professor Lockdown”—the epidemiologist whose modeling convinced Prime Minister Boris Johnson to belatedly press ahead with a national lockdown, had been caught flouting social distancing regulations, apparently in order to pursue an affair with a married woman. He described it as “an error of judgement,” but that he “acted in the belief that I was immune, having tested positive for coronavirus.”

The tone of much of the coverage was not so much outrage at Professor Ferguson’s hypocrisy in ignoring his own recommendations as the peculiarly

British glee of a good sex scandal. The front page of the country's bestselling newspaper, the *Sun*, read: "Boris Boffin & Married Blonde: Prof Lockdown broke lockdown to get his trousers down." The only other item mentioned on the front page concerned reality TV mogul Simon Cowell, also accused of having an affair.

Five days earlier, as British cases of the virus sped past 170,000 and the number of fatalities exceeded those of France and Spain, the same newspaper had splashed with the news that Boris Johnson's fiancée Carrie Symonds had given birth to a baby boy. The headline: "Good news at last for Britain: Happy Birthdays." Again, there was no mention of COVID-19 anywhere on the front page.

Headlines on the front pages of the next two biggest-selling newspapers in the country, the *Daily Mail* and the *Daily Telegraph*, also did not mention Britain's death toll—at that time the third worst in the world. "Beaming smile that says: It's a boy for Boris & Carrie!" shouted page one of the *Daily Mail*, while the *Daily Telegraph* featured articles by their leading writers offering insight and analysis on the prime minister's latest challenge: "Strap in Boris, here's what I've learnt as a dad at 50."

For many outside the UK, such shameless ignoring of the inconvenient or uncomfortably truthful big story in favor of a feel-good puff piece or salacious scandal seemed completely baffling. One media commentator described it as "State propaganda that would make North Korea blush"; another declared the *Sun*'s "Good news at last" splash as a front page "that would embarrass the editor of the official newspaper of a tinpot dictatorship."

To understand how the British media—at one time praised as the greatest free press in the world—came to find itself in such a position is to understand how the country as a whole came to suffer so terribly from a very preventable tragedy. The roots of such folly lay not only in how the British government approached the crisis, but in the consequences for the nation once the virus peaked and how they reacted once it was clear that they had screwed up.

From the very start, the British government's response to the global crisis was woeful: a litany of errors, misjudgments, recklessness, and arrogance. Even as the full seriousness of the pandemic became clear, still the mistakes mounted up, along with a mounting emphasis on diverting attention away from the real reasons the country was to suffer more COVID-19 deaths than any other in Europe and toward those in charge needing to save their own political careers.

Dr. Richard Horton, editor in chief of the *Lancet*, described it as "the most serious science policy failure in a generation"; former Australian high commissioner to Britain Mike Rann said the official response was "handled negligently," with "a shambles of mixed messaging, poor organisation and a

complacent attitude that what was happening in Italy wouldn't happen here."

Most damningly, as late as mid-March, as a locked-down Italy watched incredulously while Britain apparently ignored the pandemic as something that simply wouldn't happen to them, many in that country suggested that the British government's prime motivation appeared to be not so much saving lives as shielding the economy. On March 14, Italian commentator Roberto Buffagni noted that the way any government responded to the COVID-19 crisis was a clear indicator "of the way in which they understand the national interest and priorities" and that Downing Street's strategy had at its core "a cost benefit calculation and conscious decision to sacrifice part of the population."

The UK went into nationwide lockdown on March 23, the last of the major European economies to do so, and a full two weeks after Italy. In an unprecedented address to the nation, Prime Minister Boris Johnson described COVID-19 as "the biggest threat this country has faced for decades—and this country is not alone." He went on to declare, "All over the world we are seeing the devastating impact of this invisible killer. The way ahead is hard, and it is still true that many lives will sadly be lost. And yet it is also true that there is a clear way through."

The move was catastrophically late. The first British cases had been recorded at the end of January, nearly two months earlier; the prime minister and Health Secretary Matt Hancock had first discussed the emerging pandemic as early as the first week in January. The subsequent delay in meaningful action was to result in tens of thousands of unnecessary deaths—as was a series of administrative blunders and errors of organization.

Speaking to the BBC, Sir Jeremy Farrar, an infectious disease specialist and key government adviser, said, "I think from the early days in February, if not in late January, it was obvious this infection was going to be very serious and it was going to affect more than just the region of Asia. I think it was very clear that this was going to be an unprecedented event."

As we shall see, he was not the only British scientist to have foreseen the devastating potential of the virus. Nor was he the only scientist to have urged Boris Johnson's administration to act quicker and more decisively. As Martin McKee, professor of European public health at the London School of Hygiene and Tropical Medicine and an adviser to the World Health Organization, said, "The countries that moved fast have curtailed the epidemic. The countries that delayed have not. It's as simple as that."

The story of the British government's failure to get to grips with the clear and present threat of COVID-19 through those crucial lost months of February and March is shaming. But the detail is astonishing.

After the prime minister and his health secretary discussed the potential threat of the emerging “Wuhan virus” in early January, two key government bodies convened to consider how serious it might be. The first of these was COBRA, a committee made up of government ministers, scientific advisers, intelligence chiefs, high-ranking military officers, and other experts that comes together to respond to national emergencies. (Their impressive name actually derives from the Cabinet Office Briefing Rooms, the rooms where their meetings are held.) The second was the Scientific Advisory Group for Emergencies (SAGE): their job was to crunch the numbers and model the potential impact for the UK.

The first of those models came on January 17 from a team at Imperial College's School of Public Health led by Professor Neil Ferguson—the same man later dubbed Professor Trousersdown by the tabloids after his lockdown-contravening affair was exposed. That first report noted that, contrary to the claims of the Chinese state at that time, “substantial human-to-human transmission cannot be ruled out. Heightened surveillance, prompt information-sharing and enhanced preparedness are recommended.”

A week later, at the first official COBRA meeting, Professor Ferguson expanded on his findings, warning that he believed the virus to have an R_0 as high as 3.5, and that the only way to effectively control its spread would be to stop any contact between people—a lockdown, as had been put in place in Wuhan just a day earlier.

His words fell on deaf ears. After the meeting, Matt Hancock told reporters the risk to the British public was “low.” His optimism was echoed by Professor Chris Whitty, the government's chief medical advisor. “COBRA met today to discuss the situation in Wuhan, China,” he said. “We have global experts monitoring the situation around the clock and have a strong track record of managing new forms of infectious disease.”

What neither Hancock nor Whitty mentioned was a study published that day by Chinese doctors in the *Lancet*, which suggested that the disease could become comparable to the 1918 Spanish flu pandemic, which killed some 50 million people. The same report included a study of forty-one coronavirus patients hospitalized in Wuhan, which found that more than half had severe breathing problems, a third had required intensive care, and six had died.

Boris Johnson was not present at that first COBRA meeting. He had instead hosted a “dragon eyes” reception at Downing Street for the Chinese ambassador in celebration of the Chinese Lunar New Year. He insisted through a spokesman that Britain was “well prepared for any new diseases.”

Five days later, on January 29, the first COVID-19 cases in Britain were recorded, when two Chinese nationals fell ill at a hotel in northern England. COBRA convened again—and again, Boris Johnson was not present. The prime minister was so confident of the nation’s preparedness that he would also absent himself from the next three COBRA meetings discussing the looming disaster.

Meanwhile, Professor Ferguson’s concerns began to be echoed by other prominent scientific advisers. Graham Medley, chairman of the Scientific Pandemic Influenza Group on Modelling (SPI-M), who in the government’s own words are charged with giving “expert advice to the government on scientific matters relating to the UK’s response to an influenza pandemic (or other emerging human infectious disease threats),” said that the committee was “clear that this was going to be big from the first meeting.”

His assessment was echoed by fellow SPI-M member Dr. Jon Read, a senior lecturer at the University of Lancaster. He said it was apparent that the virus had “pandemic potential” by the end of January, and that “from my perspective within the sort of modelling community, everybody’s aware of this, and we’re saying that this is probably going to be pretty bad.”

John Edmunds, a professor of infectious disease modeling and another key adviser to the government, said that “from about mid-January onwards, it was absolutely obvious that this was serious, very serious ... There’s a small little cadre of people in the middle, who absolutely did realise what was going on, and likely to happen.”

He said that from the very beginning, SPI-M’s work had shown that unless strong action was taken to combat the spread of the virus, it would trigger an “overwhelming epidemic ... That was clear from the beginning.”

A further report from Exeter University, published on February 12, warned that a UK outbreak could peak within four months and, without mitigation, could infect 45 million people—three-quarters of the population.

However, there was still little concern from the top. In a BBC interview, chief medical adviser Chris Whitty stated that a UK outbreak was still an “if, not a when.”

The following day, Boris Johnson recessed Parliament for half-term and left for his country retreat, Chevening House in Kent, with fiancée Carrie Symonds. He would not be seen again in public for twelve days. In an explosive report later published in the *Sunday Times*, a “senior adviser” to Downing Street laid much of the blame for what was to follow squarely on the

prime minister's nonchalant attitude.

"There's no way you're at war if your PM isn't there," the adviser said. "What you learn about Boris was he didn't chair any meetings. He liked his country breaks. He didn't work weekends. There was a real sense that he didn't do urgent crisis planning. It was exactly like people feared he would be."

The following week, schools across the country also broke up for the spring half-term break. Thousands of British families, reassured by the prime minister's insistence that everyone "should be confident and calm" about the virus, headed for northern Italy on skiing holidays.

It was during that week that Italy's Patient One was admitted to Codogno Hospital in Lombardy. By the end of the half-term holiday, just as all those holidaymakers were returning to the UK, northern Italy was identified as the new epicenter of the virus. "And then, all of sudden you had deaths recorded," Professor John Edmunds recalled. "It was quite clear that there were at least thousands of cases in Italy, possibly tens of thousands of cases in Italy right then."

The following week, as those same British families returned to work and to school, Professor Edmunds presented another report to SPI-M—and another stark warning for the government. This time, Edmunds emphasized the urgent need for a national lockdown and warned that if no action were taken the predicted death toll could be as high as 380,000.

With the number of cases in the country still in the low twenties and with no recorded deaths from COVID-19, again, the government chose not to act. Within a week, SPI-M would concede that COVID-19 was transmitting freely within the UK. On March 5, a woman in her seventies became the first official British victim of the disease. By March 7, the total cases had multiplied by a factor of ten, to over 200.

The prime minister was still playing down the threat. On March 3, he joked that he was not limiting social contact whatsoever. "I'm shaking hands continuously," he announced, beaming. "I was at a hospital the other night where I think there were actually a few coronavirus patients and I shook hands with everybody, you'll be pleased to know. I continue to shake hands ... I want to stress that for the vast majority of the people of this country, we should be going about our business as usual."

He continued, "Our country remains extremely well prepared. We already have a fantastic NHS, fantastic testing systems and fantastic surveillance of the spread of disease."

They were words that would come back to haunt him.

For the following three weeks, as the virus spread and multiplied throughout Britain and nation after nation across Europe imposed lockdowns, Boris Johnson's government still appeared to be possessed of an unshakeable belief that the UK would somehow weather the storm more effectively than any other country in the world.

On March 12, the prime minister had given a press conference in which he warned that the "worst public health crisis for a generation" was about to hit the country and that "many more families are going to lose loved ones before their time" ... but just two days earlier, he had given the green light for the Cheltenham horse racing festival to go ahead. More than 250,000 people would be crowded into the racecourse over four days.

On the second day of that festival—and coincidentally the very same day that the WHO declared COVID-19 a pandemic—the government also allowed Liverpool football club to host a Champion's League soccer clash against Spanish side Atletico Madrid. Over 54,000 people attended the game, including 3,000 traveling Spanish fans—all crowding into the bars, restaurants, pubs, and hotels of Liverpool from a country already in partial lockdown and with over 2,000 active cases of the virus at that time. The lessons of the "biological bomb" in Milan a month before had been either forgotten, ignored, or dismissed.

Other mass gatherings continued with little apparent concern for the gathering storm clouds. On March 14, Welsh rock band the Stereophonics posted a video on their social media feeds of crowds at two sell-out gigs at Cardiff's Motorpoint Arena. Some 15,000 fans packed into the arena over two nights, and the band captioned the video: "Cardiff in beautiful voice tonight!" Dr. David Hepburn, an intensive care consultant at nearby Royal Gwent Hospital, which would have one of the highest infection rates in the UK, called the gigs "downright insane." The band has since deleted the tweets.

But should the blame for these "insane" mass gatherings by the Stereophonics, Liverpool football club, and the Cheltenham Festival really lie solely with the organizers of those events? All say they were simply following the official advice as set out by the British government. To be fair, they were.

In Boris Johnson's March 12 speech, he had warned of tougher measures to come, but also insisted that it was still not the right time to implement them. Instead, he told the public, "The best thing you can do is to wash your hands with soap and hot water while singing 'Happy Birthday' twice."

Schools were ordered to remain open, restaurants and bars continued to trade as usual, and public events were to be canceled only at the discretion of their organizers. Flights were still arriving from mainland China: 190,000 people flew into the UK from Wuhan and other high-risk Chinese cities between January and March, and over 3 million passengers poured through

Heathrow airport in March alone. None of them were asked to quarantine after arriving in the country.

Questioned about “banning major public events such as sporting fixtures,” the prime minister said that “the scientific advice as we’ve said over the last couple of weeks is that banning such events will have little effect on the spread.”

The government’s chief scientific adviser and chairman of SAGE, Sir Patrick Vallance, told the BBC that the government had rejected such “eye catching measures” implemented by other countries, and again cited science as the prime motivator behind their decisions. According to Vallance, the “aim is to try and reduce the peak, broaden the peak, not to suppress it completely.” As most people would only suffer mild symptoms, such a tactic would create “herd immunity” and would mean stopping the disease without too great an effect on the economy.

A few days later, as many institutions, including most sports leagues, took it upon themselves to close their doors to the public, the government changed its tack. People were now told to keep away from pubs, restaurants, and theaters, to work from home if possible, and to avoid all non-essential travel. But still, the advice remained just that: advice. Nothing was enforced.

By March 20, it was obvious that the softly-softly approach was not working—and that the so-called “herd immunity” strategy was shaping up to be a disaster. New cases were being reported at a rate approaching 1,000 a day, and nearly 200 British citizens had been killed by the disease. Writing in the *Guardian*, editor in chief of the *Lancet* Richard Horton said, “The UK’s best scientists have known since that first report from China that COVID-19 was a lethal illness. Yet they did too little, too late. Something has gone badly wrong in the way the UK has handled COVID-19 ... there was a collective failure among politicians and perhaps even Government experts to recognise the signals that Chinese and Italian scientists were sending.”

Elsewhere in the same newspaper it was noted that “only the UK and Belarus [in the whole of Europe] had held off implementing full or partial closures” of schools.

Finally, Boris Johnson acted. On March 20, all schools in the UK were closed, along with all cafes, pubs, bars, clubs, restaurants, gyms, leisure centers, nightclubs, theaters, and cinemas. Three days later, the prime minister put the country into full lockdown—something his scientific advisers had first recommended at least four weeks previously.

For months, the most senior epidemiologists in the country had tried to warn the British government that stronger measures were needed, that the lessons of Wuhan, Italy, Spain, and France needed to be learned, that the British were not, in fact, somehow immune to the devastating effects of

COVID-19. And for months the government had chosen to ignore them. Whether a result of arrogance, stupidity, or a plan to foster herd immunity, the price for that folly would be terrible.

“We had milder interventions in place,” Professor Edmunds told the Reuters news agency, because no one thought it would be acceptable politically “to shut the country down.” He added, “We didn’t model it because it didn’t seem to be on the agenda.”

Speaking to Australian newspaper the *Sydney Morning Herald*, David Hunter, a professor of epidemiology and medicine at the University of Oxford, said, “It’s very easy in hindsight to state the obvious, which is that the lockdown came too late.

“The British response so far is not a model to follow. It has one of the worst epidemics in Europe and the world. That may have happened anyway. There’s no way to know for sure, but some aspects of the response have almost certainly contributed to the high mortality.”

A week later, both Health Secretary Matt Hancock and Prime Minister Boris Johnson contracted the virus. Johnson was hospitalized on April 5 and moved to intensive care the next day. On April 21, the UK recorded a new record high of 1,172 official daily deaths—far higher than any daily maximum recorded in Italy or Spain during the entire pandemic.

Unbelievably, the slipshod nature of Britain’s response to the emerging threat, and even the arrogant assumption of native superiority displayed by its leaders, was not the only scandal for which the government was responsible.

Once the UK found itself in the grip of the pandemic, attention turned to the frontline health workers fighting to save the lives of those affected by the virus. It soon emerged that not only had Downing Street failed to take proper action to shield the British people from the disease, it also failed to protect its own National Health Service staff.

As the number of infections grew, doctors, nurses, and other staff reported alarmingly low levels of personal protective equipment (PPE). NHS England had first declared the virus to be a “level four incident”—the most serious kind—as long ago as the end of January, yet emergency stockpiles of PPE that had been kept for precisely such an emergency had been allowed to go out of date, dwindle, and not be replaced.

The effect was shocking. Dr. Chaand Nagpaul, chair of council at the British Medical Association, said the doctors’ union had heard concerns from physicians in more than thirty hospital trusts about PPE shortages. News

reports carried pictures of healthcare workers forced to create their own makeshift protective equipment out of bin bags, ski goggles, and improvised masks made from everything from neckerchiefs to snorkels.

A joint press release in early April from the British Medical Association, Royal College of Nursing (RCN), and the Unions Unite and UNISON quoted RCN chief executive and general secretary Dame Donna Kinnair: “Weeks into this crisis, it is completely unacceptable that nursing staff, wherever they work, have not been provided with PPE. I am hearing from nurses who are treating patients in COVID-19 wards without any protection at all. This cannot continue.”

Her words were echoed by Dr. Samantha Batt-Rawden, president of the Doctors’ Association UK: “Lack of personal protective equipment continues to be a critical issue. It is heart-breaking to hear that some staff have been told to simply ‘hold their breath’ due to lack of masks,” she said.

Again, Downing Street’s response was to simply deny there was a problem—or that they held any responsibility for the debacle. On March 20, weeks before the images emerged of frontline NHS staff in bin bags and ski goggles, deputy chief medical officer Jenny Harries told the daily coronavirus press briefing that “the country has a perfectly adequate supply of PPE,” encompassing “quite a wide range of different gowns, masks, gloves, all sorts of things,” and that supply pressures had now been “completely resolved.”

It later emerged, however, that not only had the government failed to replenish its own supplies of PPE in the run-up to the pandemic, but during those crucial early weeks had instead sent precious resources abroad, shipping 279,000 items of its depleted stockpile—including 1,800 pairs of goggles, 43,000 disposable gloves, 194,000 sanitizing wipes, 37,500 medical gowns, and 2,500 face masks—to China.

On March 24, BBC journalist Victoria Derbyshire spoke to the director of a British company making PPE who told her that he was exporting all over the world—but not making equipment for the NHS. “We actually offered our services [to the UK government] when this first happened and unfortunately our services weren’t taken up, but the rest of the world did take it up,” he said.

The following day, Derbyshire’s BBC colleague Emily Maitlis interviewed Andrew Raynor, CEO of a ventilator manufacturing company. “You got in touch with the government as soon as they put out the call for help a few weeks ago. What happened then?” she asked. The answer? “Nothing, quite honestly.”

By May 5, when the UK officially recorded the highest COVID-19 death toll in Europe, the scale of Downing Street's errors were becoming tragically clear. Perhaps the most egregious of them was a decision made on March 12—the same day Boris Johnson urged his citizens to do nothing more drastic than wash their hands to combat the virus—to abandon mass testing across the country.

From that moment on, scientists could only guess how the disease was spreading and who was infected. Official statistics would only cover those who had been admitted to a hospital. Medical staff with possible infections but no symptoms may have been cross-infecting healthy people; other medical staff self-isolating with mild fevers or coughs may in fact have been clean of the virus and able to have continued working.

As late as the first week in April, only 2,000 out of half a million frontline NHS England workers had been tested for COVID-19. The UK was effectively fighting not only blind, but with one hand tied behind its back.

Sir Paul Nurse, Nobel prize-winning geneticist and director of Britain's largest biomedical research lab, the Francis Crick Institute, told the BBC's *Question Time* program that testing was "absolutely critical" and that "we know that with this particular disease, you can be infected and have no symptoms. Now, this makes absolutely no sense. We were allowing, potentially, for frontline workers to be on the wards, potentially infecting people, because we weren't testing."

WHO director general Dr. Tedros also urged the UK not to abandon what he described as "the most effective way to prevent infections and save lives." Four days after the British government stopped mass testing of suspected cases, he said, "You cannot fight a fire blindfolded. And we cannot stop this pandemic if we don't know who is infected. We have a simple message for all countries: test, test, test. Test every suspected case. If they test positive, isolate them and find out who they have been in close contact with up to two days before they developed symptoms, and test those people too.

"Once again, our key message is: test, test, test."

Confronted with such seemingly obvious common sense, why would Downing Street fly in the face of the world to pursue its own strategy? The answer comes back to Sir Patrick Vallance's "herd immunity" strategy.

The day after the government abandoned its testing program, Vallance told BBC Radio 4's *Today* program that one of "the key things we need to do" is to "build up some kind of herd immunity so more people are immune to this disease and we reduce the transmission." Later that same day, SPI-M chairman Professor Graham Medley told BBC's *Newsnight* that "we are going to have to generate what is called herd immunity ... and the only way of developing that in the absence of vaccination is for the majority of the

population to become infected.”

Dr. David Halpern, the head of the government’s “behavioural insights” team, told the same BBC that “there is going to be a point, assuming the epidemic flows and grows as we think it probably will do, where you’ll want to cocoon, you’ll want to protect those at-risk group[s] so that they basically don’t catch the disease and by the time they come out of their cocooning herd immunity has been achieved in the rest of the population.”

Herd immunity was not simply a theory: it was a tactic.

In an April 19 report on Downing Street’s response to the pandemic, the *Sunday Times* revealed that the government’s blueprint for tackling COVID-19 was to dismiss what every other country had done—and what the WHO was recommending—and instead treat it as they would an influenza outbreak. The report quoted a “senior politician”: “I had conversations with Chris Whitty at the end of January and they were absolutely focused on herd immunity. The reason is that with flu, herd immunity is the right response if you haven’t got a vaccine.

“All of our planning was for pandemic flu. There has basically been a divide between scientists in Asia who saw this as a horrible, deadly disease on the lines of SARS, which requires immediate lockdown, and those in the West, particularly in the US and UK, who saw this as flu.”

An earlier expose in the same newspaper had quoted Dominic Cummings, chief adviser to Boris Johnson, describing the plan as “Herd immunity, protect the economy, and if that means some pensioners die, too bad.”

The implication is horrific. The British government had followed a pandemic strategy in which the lives of tens of thousands of its citizens were to be sacrificed. Why? To “protect the economy.” Not even China had stooped so low.*

By April 2, the disastrous tactic was finally abandoned—and Health Secretary Matt Hancock, bowing to the increasing pressure from scientists, doctors and the WHO, once again did a 180 on testing. By the end of the month, he announced, the UK would be carrying out no fewer than 100,000 tests a day.

As promised, the government reported 122,000 tests on April 30. However, the devil was in the detail: that figure included some 40,000 tests that had been mailed to people but not yet returned to labs for results.

The manipulation of statistics did not end there. At the same time, it also emerged that Downing Street’s official figures for cases and deaths from COVID-19 did not include those in nursing homes affected by the virus, or those who died in the wider community without being tested. On May 12, the *Financial Times* reported that figures from independent statistical agencies that did include nursing home and community cases put the UK’s death toll at

50,979—over 18,000 more fatalities than were claimed by the government. They also reported that since the start of the pandemic, there had been 19,900 more deaths in nursing homes than was normal for the time of year in England and Wales—deaths the British government had omitted from their figures.

Professor Sir David Spiegelhalter from the University of Cambridge described the manipulation of statistics as “completely embarrassing,” telling *The Andrew Marr Show* that they were part of a greater spin operation coming from Downing Street.

“We get told lots of big numbers, precise numbers of tests being done ... well that’s not how many were done, it includes tests that were posted out,” he said. “We’re told 31,587 people have died—no they haven’t, the number is far more than that. So I think this is not a trustworthy communication of statistics and it’s such a missed opportunity. The public out there are broadly very supportive of the measures, they’re hungry for details, for facts, for genuine information. And yet they get fed this, what I call ‘number theater,’ which seems to be coordinated more by a Number 10 communications team rather than genuinely trying to inform people about what’s going on.”

On Friday, May 8, Britain held a special bank holiday to mark the seventy-fifth anniversary of the end of World War II in Europe. By Monday, the Downing Street-sanctioned number of British civilians killed by COVID-19 passed 32,000—approximately the same number as perished in nine months of nightly blanket bombing by the Luftwaffe during the Blitz of 1940–1941.

Were those tens of thousands who died in the spring of 2020 caused by a government simply too incompetent to cope with a national crisis of such magnitude? Was it the imperialist arrogance of an administration almost exclusively made up of wealthy, privately educated men raised in the belief of Britain’s superiority over the rest of the world? Or was it because Downing Street’s key policy makers believed herd immunity—at whatever cost—was the best way to protect the economy—and that ultimately, protecting the economy was more important than protecting the British people?

The likelihood is a combination of all of the above. But in the face of such a disaster, the British government’s real political achievement at that time was to somehow spin its failings into a kind of victory.

In another address to the nation on April 27, Boris Johnson invoked the spirit of the Blitz, describing the pandemic as “the biggest single challenge this country has faced since the war.” He went on to add, “There will be many people looking now at our apparent success and beginning to wonder whether

now is the time to go easy on those social distancing measures.”

The following day, the press picked up on Johnson’s triumphalist war rhetoric. The *Sun* led with “Turning the Tide: Boris back at last,” the *Times* with “PM: We’re moving to second phase of battle,” and the *Telegraph* with “Time to fire up the engines, says PM.” None appeared to question his assertion that the nation hurtling toward the second greatest number of COVID-19 fatalities in the world would be looked upon as a “success.”

It was a tactic straight out of Beijing’s playbook—and, as we shall see, one used to particularly strong effect by the American president. State something—anything—often enough and it will attain the status of fact, regardless of its veracity. Britain’s catastrophic response to the pandemic was, in fact, a “success” in no way except that the prime minister insists it was so.

Perhaps most extraordinarily, it appeared to have worked: according to official polling company YouGov, public approval for the British government’s handling of the crisis to that point had never fallen lower than 55 percent. Even as the death count passed a thousand a day in mid-April, as much as 68 percent of the public believed Downing Street was performing “very or somewhat well.”

Even worse politicking than this would follow from Boris Johnson’s government. Meanwhile, the virus had crossed the Atlantic, and the United States was about to suffer the full consequences of an administration at least as—and perhaps even more—deeply consumed in self-interest, spin, and saving the economy above its own citizens’ lives.

* For the record, the Department of Health later firmly denied that herd immunity was ever its aim and rejected suggestions that Whitty supported it. Cummings also denied backing the concept or having said the quote attributed to him. The *Sunday Times* continues to stand by their reporting.

CHAPTER SEVEN

A WARTIME PRESIDENT

Paula Reid, CBS News: What did your administration do in February with the time that your travel ban bought you?

President Trump: A lot.

PR: What?

President Trump: A lot. And, in fact, we'll give you a list—what we did. In fact, part of it was up there. We did a lot.

PR: It wasn't in the video. The video had a gap.

President Trump: Look. Look, you know you're a fake. You know that. Your whole network—the way you cover it—is fake. And most of you—and not all of you—but the people are wise to you. That's why you have a lower—a lower approval rating than you've ever had before, times probably three.

PR: Twenty million people now are unemployed.

President Trump: And when you ask me that question—

PR: Tens of thousands of people are dead, Mr. President.

President Trump: Let me ask you this: Why didn't Biden—why did Biden apologize? Why did he write a letter of apology?

PR: I don't think the unemployed people right now care about why Joe Biden didn't apologize to you, sir.

President Trump: Why did the Democrats think that I acted too quickly? You know why? Because they really thought that I acted too quickly. We have done a great job.

PR: So, get us the list of what you did in February.

President Trump: Now, I could've—I could've kept it open. And I could've done what some countries are doing. They're getting beat up pretty badly. I could have kept it open. I thought of keeping it open because nobody has ever heard of closing down a country, let alone the United States of America. But if I would have done that, we would have had

hundreds of thousands of people that would right now be dead. We've done this right. And we really—we really have done this right. The problem is the press doesn't cover it the way it should be.

—White House press briefing, April 13, 2020

By the end of June, only two nations on Earth would record a higher death toll from COVID-19 than the UK—and the worst of those was the United States.

Only one administration on Earth would attempt a bigger cover-up for its failings during the pandemic than China ... and that was also the United States.

For crucial months at the beginning of the outbreak, President Trump had assured the American public that there was no cause for concern. Even more so than Prime Minister Boris Johnson in the UK, he was willfully ignoring the evidence coming out of Wuhan, Italy, Spain, France, and elsewhere, instead relying on bluster and blind confidence to see the virus off.

“Trump’s handling of the pandemic at home and abroad has exposed more painfully than anything since he took office the meaning of America First,” said William Burns, former US diplomat and head of the Carnegie Endowment. “America is first in the world in deaths, first in the world in infections and we stand out as an emblem of global incompetence. The damage to America’s influence and reputation will be very hard to undo.”

The damage to the United States’ reputation goes beyond the awful numbers of fatalities from the virus. It is not simply about incompetence. Once it became clear that COVID-19 was not going to disappear “like a miracle” by Easter as President Trump had promised in February, and as the numbers of sick, dying, and dead Americans rose at a terrifying rate, the president instead redirected his energies into attempting to blame his own failings on others, rewrite history, and play fast and loose with the lives of his own citizens, all for the express purpose of securing another term in the White House.

From the start of the outbreak, President Trump prioritized saving his job over saving lives. He regarded the virus not as a health issue, but as a political one. Despite repeated warnings from his advisers throughout January and February 2020, he consistently ignored the advice to act. As late as mid-March, when much of Europe was in lockdown, he continued to tell Americans that the outbreak was “under control.” His statements and tweets from that period make for astonishing reading now.

In a January 29 tweet, the president claimed, “Just received a briefing on the Coronavirus in China from all of our GREAT agencies, who are also

working closely with China. We will continue to monitor the ongoing developments. We have the best experts anywhere in the world, and they are on top of it 24/7!”—followed the next day by the assertion that “We think we have it very well under control. We have very little problem in this country at this moment.... But we’re working very closely with China and other countries, and we think it’s going to have a very good ending for it. So that I can assure you.”

On February 10, he said, “I think the virus is going to be—it’s going to be fine,” and four days after that “we’re in very good shape.” On February 19: “I think when we get into April, in the warmer weather, that has a very negative effect on that and that type of a virus. So, let’s see what happens, but I think it’s going to work out fine.” Five days later: “The Coronavirus is very much under control in the USA ... Stock Market starting to look very good to me!”

The “control” narrative continued through the end of February—along with a new theme, stressing how well his administration was handling the situation. “You may ask about the coronavirus, which is very well under control in our country,” he told reporters on February 25. “We have very few people with it, and the people that have it are ... getting better. They’re all getting better ... As far as what we’re doing with the new virus, I think that we’re doing a great job.”

The following day he continued, “Because of all we’ve done, the risk to the American people remains very low ... When you have fifteen people, and the fifteen within a couple of days is going to be down to close to zero. That’s a pretty good job we’ve done ... Because we’re ready for it. It is what it is. We’re ready for it. We’re really prepared.” And on February 28: “I think it’s really going well. We did something very fortunate: we closed up to certain areas of the world very, very early—far earlier than we were supposed to. I took a lot of heat for doing it. It turned out to be the right move, and we only have fifteen people and they are getting better, and hopefully they’re all better. There’s one who is quite sick, but maybe he’s gonna be fine ... We’re prepared for the worst, but we think we’re going to be very fortunate.

“It’s going to disappear. One day, it’s like a miracle, it will disappear.”

On March 10, he insisted, “We’re prepared, and we’re doing a great job with it. And it will go away. Just stay calm. It will go away.” Two days later: “It’s going to go away ... The United States, because of what I did and what the administration did with China, we have thirty-two deaths at this point ... when you look at the kind of numbers that you’re seeing coming out of other countries, it’s pretty amazing when you think of it.”

On March 17: “We’re going to win. And I think we’re going to win faster than people think.”

To that point there had been 121 officially recorded deaths from

COVID-19 in the United States. The following week that number would pass 1,000; by April 17, over 37,000 Americans would be dead; by May 17, over 90,000; by June 17, 119,941—thanks in no small part to the president’s absolute lack of control over the virus and his administration’s abject failure to do anything even approaching a “great job.”

Gregg Gonsalves, a public health scholar at Yale University, concluded, “It is as though we knew for a fact that 9/11 was going to happen for months, did nothing to prepare for it and then shrugged a few days later and said, ‘Oh well, there’s not much we can do about it.’ Trump could have prevented mass deaths and he didn’t.”

From the very beginning, President Trump’s overwhelming priority was to keep the economy buoyant—a key tenet of his campaign to be re-elected. The failure to act sooner was not only due to incompetence—it was a cynically considered risk. Warning Americans of the coming storm; preparing stockpiles of PPE, ventilators, or testing kits; banning mass gatherings; or bringing in any of the quarantine measures that were shown to have been so necessary in China, Italy, Spain, France, and the UK would have risked spooking Wall Street. And the very last thing the president wanted to do was alarm the markets. Not in an election year.

As the famous phrase has it: “It’s the economy, stupid.”

Fresh out of an impeachment hearing and with the election looming, the economy was all President Trump had. He was going to do whatever it took to try to save it.

“Herd immunity, protect the economy, and if that means some pensioners die, too bad.” By Easter in the United States they were dying at a rate of more than 2,000 a day.

The first COVID-19 case in the United States was identified on January 20, 2020, in an American citizen returning from Wuhan to his home in Washington State. Eight days later, Dr. Carter Mecher, a senior medical adviser at the Department of Veterans Affairs, sent an email to a group of public health experts, including government officials.

“Any way you cut it, this is going to be bad,” he wrote. “The projected size of the outbreak already seems hard to believe.... You guys made fun of me screaming to close the schools. Now I’m screaming, close the colleges and universities.”

The following day, according to the *New York Times*, President Trump was told of a memo by trade adviser Peter Navarro that the virus could cause

as many as half a million American deaths. The newspaper also reported that a day after that, Alex Azar, secretary of Health and Human Services (HHS), warned the president about the “possibility of a pandemic.” Mr. Azar was told in return that he was being “alarmist.”

Six days later, following a specially convened briefing on Capitol Hill, Connecticut senator Christopher S. Murphy tweeted: “Just left the Administration briefing on Coronavirus. Bottom line: they aren’t taking this seriously enough.”

The apparent unwillingness of the president to “take this seriously enough” continued throughout February. The *New York Times* reported a February 14 memo from Dr. Robert Kadlec, disaster response official at HHS, detailing the kind of drastic measures the government’s own public health experts warned would be necessary to curtail the spread of the virus. They included “significantly limiting public gatherings and cancellation of almost all sporting events, performances, and public and private meetings that cannot be convened by phone. Consider school closures. Widespread ‘stay at home’ directives from public and private organizations with nearly 100 percent telework for some.”

It was not acted upon. President Trump would wait until March 16 before announcing meaningful social distancing guidelines—by which time nearly 1,000 new cases were being reported each day as the virus spread across the United States all but unopposed. A week earlier, with the Dow Jones having plummeted over 5,000 points from the beginning of the year, the president had tweeted: “The Fake News Media and their partner, the Democrat Party, is doing everything within its semi-considerable power ... to inflame the CoronaVirus situation.”

The following day, with no apparent irony, he claimed, “I felt it was a pandemic long before it was called a pandemic.”

The president had done too little, too late—something that had become clear even to the White House. And the consequences soon began to be felt. Not only had the virus been given time to spread and grow during February and early March, but during that same period, little had been done to prepare for the inevitable onslaught of cases.

As had happened in the UK, hospitals across the US were left scrambling for vital supplies of PPE and other essentials. A survey conducted over five days by the HHS Office of Inspector General found that many were critically low on such basics as toilet paper, face masks, and even disinfectant.

“Some facilities stated that they turned to non-traditional sources of medical equipment and supplies ... such as online retailers, home supply stores, paint stores, autobody supply shops, and beauty salons,” read the report. It also noted that one hospital claimed its government-supplied face

masks were all ten years past their expiration date, and another that it was supplied with five hundred mostly useless child-sized masks.

“Hospitals reported insufficient inventory of essential cleaning supplies, such as disinfectant wipes, hand sanitizer, and hand soap,” it continued. “One hospital ... described making disinfectants, such as bleach, out of on-hand chemicals, such as chlorine.”

Other hospitals also reported shortages of “intravenous therapy poles, medical gas, linens, and food,” with many adding that their supplies of toilet paper were running low.

The report concluded that the situation had “contributed to a greater sense of confusion, fear and distrust” among frontline medical workers.

The shortage of vital materials was not the only problem for medical workers. The report also included a reference to “the scarcity of COVID-19 tests and length of time it took to get tests back.”

On March 6, during a visit to the US Centers for Disease Control and Prevention in Atlanta, President Trump had boasted about the scale and scope of his COVID-19 testing operation. “The tests are beautiful,” he said. “Anybody that needs a test gets a test.” Within a week, he added, there would be four million testing kits available.

Wearing a “Keep America Great” baseball cap and black military-style flight jacket, the president also claimed, “I really get it. Every one of these doctors said, ‘How do you know so much about this?’ Maybe I have a natural ability.”

The only “natural ability” on show was his taste for exaggeration. The true number of CDC testing kits available by March was only 75,000—and as there were so few, anyone wanting a test was subject to rigorous criteria, including that they had to have demonstrably come within six feet of someone either infected with the virus in the previous fourteen days or who had recently visited China.

Speaking to the *Financial Times*, a former adviser to the president summed up the madness of such test rationing: “You’ve been commuting by train or subway into New York every day, you show up sick in the clinic and they refuse to test you because you can’t prove you’ve been within six feet of someone with COVID-19. You’ve probably been close to half a million people in the previous two weeks.”

As for the president’s claim that “anybody that needs a test gets a test,” by mid-May still fewer than 3 percent of Americans had been tested for the disease, which by that time had accounted for more US deaths in two months than were killed in eight years of the Vietnam War.

After his March 16 address, the president changed tactics. Until then, it appeared the overriding policy was to avoid upsetting the stock markets—by downplaying the threat, by emphasizing the “control” the White House had over the virus, and by avoiding any measures that might suggest either of the first two things weren’t strictly true.

But with the Dow Jones tanking (it would fall a further 5,000 points by March 23 to the lowest level of his presidency), cases multiplying, frontline medical staff panicking, and the death rate rising, he was forced to adapt. Any hope of winning reelection in November on the strength of the economy was fading fast—so Donald Trump looked to another easy vote winner. He would reinvent himself as a wartime president.

Just as Prime Minister Boris Johnson evoked the so-called “Blitz spirit” to cast himself in a heroic Churchillian role—as well as to tap into a national nostalgia of Britain’s “finest hour” and the spirit of stoicism and quiet fortitude that saw the country keep calm and carry on through horrific losses—so President Trump sought to conjure images of Franklin Delano Roosevelt in his subsequent use of war rhetoric.

On March 18, the president invoked the Defense Production Act to make military resources available in the fight against the virus—and explicitly referenced the “all in it together” spirit of sacrifice and mass mobilization of World War II.

“I view it as a, in a sense, a wartime president,” he said. “We had the best economy we’ve ever had. And then, one day, you have to close it down in order to defeat this enemy.

“To this day, nobody has seen anything like what they were able to do during World War II,” he continued. “Now it’s our time. We must sacrifice together because we are all in this together and we’ll come through together.”

And as far as this wartime president was concerned, the threat was even greater than that of 1941. “It’s the invisible enemy,” he continued. “That’s always the toughest enemy: the invisible enemy. But we’re going to defeat the invisible enemy.”

A day later he declared the fight to be “our big war ... We have to win this war. It’s very important.”

The March 18 press briefing was significant not only because of the shift to wartime rhetoric, but because even as the president did so, he gave that “invisible enemy” an identity. His speech that day began: “I would like to begin by announcing some important developments in our war against the Chinese virus.”

The following day’s briefing repeated: “We continue our relentless effort to defeat the Chinese virus.” On that occasion, a photograph caught just how calculated his new term for COVID-19 was—on his printed speech, the word

“corona” had been crossed out and replaced with “Chinese.”

Even more dramatically, on April 14 came the president’s sudden revealing of a second enemy of the American people—the World Health Organization. The “big war” that he was fighting (by that point, 30,000 US dead) had another hostile combatant.

“The WHO failed in its basic duty and must be held accountable,” he declared. “The outbreak could have been contained at its source” if the organization had correctly responded early on, he added. Their negligence had increased the world’s death rate “twenty-fold.”

As we have already seen, the WHO was not without its shortcomings in the early days of the outbreak, but it was never an enemy of the United States.

Once again, President Trump’s whole COVID-19 strategy was directed less toward saving American lives and more toward saving his political career. His new role as a wartime president not only absolved him of any responsibility for the hundred thousand-plus US citizens who would die on his watch (by making the virus either an “invisible enemy” or else the fault of a Chinese/WHO axis)—but would also allow him a handy excuse for entering the fall election with an economy in recession.

“He realized if he’s painted in 2020 as a recession president who had a Herbert Hoover-like impulse to not act, then he was due to not be reelected,” explained Douglas Brinkley, an expert in US political history at Rice University. Instead, according to Brinkley, “he’s trying to be FDR”—the man who led the nation out of the Great Depression and through World War II.

Martha Kumar, a political science professor at Towson University, also told *Time*, “Wartime presidents—the advantage they have is they, No. 1, get public attention, and then there is a sense of unity when people believe they are in a wartime situation and they are willing to be supportive or at least not critical of a president. But it’s a risk, too, because you have to show you’re winning that war.”

For a wartime president, winning the war is everything. And for a man like Donald Trump, anything goes in a fight. The final part of the plan to retain power was to utilize the kind of tactics that would shame Beijing.

The first of these was to rewrite history—to lie and keep lying until the truth was forgotten. And so, no matter what the facts might show, the president was *not* slow to act, his skewed priorities did *not* mean the virus spread unchecked, his initial bluster did *not* result in millions of Americans put at wholly preventable risk from the disease.

Instead, as White House spokesman Judd Deere told the *New York Times* on April 11, “While the media and Democrats refused to seriously acknowledge this virus in January and February, President Trump took bold action to protect Americans and unleash the full power of the federal government to curb the spread of the virus, expand testing capacities and expedite vaccine development even when we had no true idea the level of transmission or asymptomatic spread.”

On April 29, as the US death toll exceeded 60,000 and the total number of COVID-19 cases in the US passed one million, the president declared, “We did all the right moves.... We think we really have crossed a big boundary and much better days are ahead.”

His son-in-law and “senior adviser” Jared Kushner went even further that same day on an episode of Fox New’s *Fox & Friends* morning television program. “We’re on the other side of the medical aspect of this, and I think that we’ve achieved all the different milestones that are needed,” he insisted. “The federal government rose to the challenge, and this is a great success story. And I think that that’s really, you know, what needs to be told.”

After *Fox & Friends* failed to challenge Kushner on that assertion, Michael R. Bromwich, a former federal prosecutor and Department of Justice inspector general, tweeted: “On what planet is 59,000-plus deaths a ‘success story’?”

Two weeks later on May 14 (total official deaths 87,293, total cases 1.48 million) the president repeated his claim that the United States had tested more people than anywhere else in the world. The real figures showed that in terms of the number of tests conducted as a proportion of population, the US was performing worse than Italy, Canada, and even the UK.

Trump also used the extensive testing as a bizarre explanation for why there were so many COVID-19 victims in the US.

“So, we have the best testing in the world,” he said. “It could be the testing’s, frankly, overrated? Maybe it is overrated. But whatever they start yelling, we want more, we want more. You know, they always say we want more, we want more because they don’t want to give you credit.

“Don’t forget, we have more cases than anybody in the world. But why? Because we do more testing. When you test, you have a case. When you test you find something is wrong with people? If we didn’t do any testing, we would have very few cases. They don’t want to write that.”

As one commentator remarked on Twitter: “By that logic, if we didn’t do so many pregnancy tests, we wouldn’t have so many babies.”

If outright lying in order to rewrite history was to be the president’s public attempt to cover up his failings, more sinister machinations were taking place behind the scenes.

On May 1, the White House moved to replace Christi Grimm, Inspector General of the Department of Health and Human Services, in what was a clear punishment for the earlier HHS report exposing shortages of PPE and other vital supplies in hospitals, as well as the delays in testing of potential COVID-19 carriers.

The president had addressed the explosive report in a press briefing at the time by declaring it “wrong,” asking to know the name of the Inspector General, and insisting that the findings were almost certainly politically motivated. “It’s just wrong,” he said. “Did I hear the word ‘inspector general’? Really? It’s wrong. And they’ll talk to you about it. It’s wrong.”

He later continued the theme on his social media feed, tweeting: “Why didn’t the I.G., who spent 8 years with the Obama Administration (Did she Report on the failed H1N1 Swine Flu debacle where 17,000 people died?), want to talk to the Admirals, Generals, V.P. & others in charge, before doing her report. Another Fake Dossier!”

A month later, presumably after what was seen as a suitably distant interval, Grimm’s refusal to parrot the Trump party line was punished. The long-time HHS staffer—she had begun serving in the Office of the Inspector General in 1999—was replaced by Jason Weida, an assistant US attorney, who was presumably more pliable to the president’s wishes.

Washington senator Patty Murray, the ranking Democrat on the Senate Appropriations Subcommittee on Labor, Health and Human Services, Education, and Related Agencies, raised concerns that any appointment to the OIG should continue the agency’s investigations without political interference.

“We all know the President hasn’t told people the truth about this virus or his Administration’s response, and late last night, he moved to silence an independent government official who did,” Murray said in a statement. “Anyone who demands less will be complicit in the President’s clear pattern of retaliation against those who tell the truth.”

Grimm was not the only official removed for daring to disagree with the president.

On May 5, Dr. Rick Bright, former director of the Biomedical Advanced Research and Development Authority (BARDA), filed a whistleblower complaint with the US Office of Special Counsel—alleging that he had been removed from his role at BARDA to a “less impactful position” at the National Institutes of Health after he spoke out about President Trump’s promotion of drugs such as hydroxychloroquine to treat COVID-19 patients.

The president had first raised hydroxychloroquine as a potential cure for the virus in mid-March, when he used the White House press briefing to promote the anti-malarial drug. “I think it could be something really

incredible,” he said, adding that the drug had yielded “very, very encouraging results” and later tweeting: “HYDROXYCHLOROQUINE & AZITHROMYCIN, taken together, have a real chance to be one of the biggest game changers in the history of medicine.”

Three days later, the man whose favorable ratings would eclipse the president, Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Disease, was asked if he thought the drug should be considered a treatment for COVID-19. His reply: “The answer is no.”

Nevertheless, the president persisted. “It’s having some very good results, I’ll tell you,” he said in a White House briefing on April 13. When asked about studies that showed that it could pose particular risks to patients with heart problems, he said simply, “Yes, the heart stuff.”

The scientists disagreed about the “good results.” On April 21, the National Institute of Allergy and Infectious Diseases issued guidelines against the combination of hydroxychloroquine and azithromycin except in clinical trials, warning of “the potential for toxicities.” Three days after that, the Food and Drug Administration warned against using the drugs outside a hospital setting because they could lead to serious heart problems in some patients.

Several hospitals in Sweden conducting trials on the drug stopped its use after adverse side effects, according to Swedish news reports. The BBC reported that a study of COVID-19 patients in US military veterans’ hospitals “suggested hydroxychloroquine had no benefit and may have even caused a greater rate of deaths.”

According to Dr. Bright’s complaint, he had been ousted purely because of his opposition to investing in such unproven and potentially dangerous drugs.

“Dr. Bright became ... alarmed about the pressure that [Assistant Secretary of HHS] Dr. Kadlec and other government officials were exerting on BARDA to invest in drugs, vaccines, and other technologies without proper scientific vetting or that lacked scientific merit,” the complaint read. “Dr. Bright objected to these efforts and made clear that BARDA would only invest the billions of dollars allocated by Congress to address the COVID-19 pandemic in safe and scientifically vetted solutions and it would not succumb to the pressure of politics or cronyism.”

As it turned out, the president’s sudden interest in hydroxychloroquine may not have been purely scientific after all. If the drug were to become an accepted treatment for the virus, several pharmaceutical companies would make a substantial profit—including shareholders and senior executives close to the White House. What’s more, according to the *New York Times*, “Trump himself has a small personal financial interest in Sanofi, the French drug maker that makes Plaquenil, the brand-name version of hydroxychloroquine.”

Sanofi's largest shareholders included Fisher Asset Management, whose founder and chairman Ken Fisher is a major donor to the Republican Party. Invesco, the fund previously run by Wilbur Ross, Trump's commerce secretary, was also a major investor in Sanofi. And a year earlier the president had revealed that his three family trusts each had investments in a Dodge & Cox mutual fund, whose largest holding was in ... Sanofi.

Given those circumstances, Dr. Bright's allegations of "politics and cronyism" in the allocation of government funds to investing in hydroxychloroquine seems a remarkably restrained accusation to make.

But even as Dr. Bright filed his whistleblower complaint, the president was once again pushing hydroxychloroquine as a potential miracle cure. On May 18, he revealed that not only did he still believe in the drug's efficacy, but that he was even taking it himself.

"You'd be surprised at how many people are taking it, especially the frontline workers before you catch it, the frontline workers, many, many are taking it," he told reporters. "I happen to be taking it," he continued, adding, "I've heard a lot of good stories [about hydroxychloroquine] and if it's not good, I'll tell you right I'm not going to get hurt by it."

He also claimed to have taken a single dose of azithromycin and said, "All I can tell you is, so far I seem to be OK."

Most chillingly of all, the president described the April study of US veterans that had shown a higher risk of death as a "Trump enemy statement," saying, "If you look at the one survey, the only bad survey, they were giving it to people that were in very bad shape. They were very old. Almost dead. It was a Trump enemy statement."

Lying to his citizens, rewriting history, removing anyone from office who dared to criticize him, recklessly promoting unproven drugs potentially to line his own pockets, and now describing anything contradictory to his own views as "enemy statements."

President Trump, it seemed, had not only learned from the darkest machinations of China's totalitarian playbook—he had become intent on outdoing them.

Perhaps worse, he was being allowed to do so, no matter how insane things became. In April, when the president suggested during a surreal press briefing that people could treat or even cure COVID-19 by bringing "light inside the body" or, most alarmingly, by injecting disinfectant, even his chief scientist and White House coronavirus response coordinator Dr. Deborah Birx did not dare to contradict him. Other top officials were similarly timid. The Centers for Disease Control and Prevention tweeted only to "follow the instructions on the product label," and the verified Twitter account of the US Surgeon General posted: "Always talk to your health provider first before

administering any treatment/medication to yourself or a loved one.”

It was left to the disinfectant companies themselves to issue urgent warnings about the danger of following the president’s suggestion. “We must be clear that under no circumstance should our disinfectant products be administered into the human body (through injection, ingestion or any other route),” said Lysol in a statement; in the UK, leading brand Domestos was even more blunt, tweeting: “NEVER INGEST BLEACH, NEVER INHALE BLEACH, ALWAYS USE BLEACH SAFELY WHEN DISINFECTING.”

Anthony Scaramucci, former Trump adviser and onetime White House head of communications, explained the culture of fear and intimidation around the president.

“The way to keep your job is to out-loyal everyone else, which means you have to tolerate quackery,” he said. “You have to flatter him in public and flatter him in private. Above all, you must never make him feel ignorant.”

From the very beginning of the COVID-19 crisis, President Trump was motivated by one thing only—saving President Trump. From the disastrous prioritizing of keeping the stock markets happy above preparing for the pandemic, through the framing of himself as a wartime leader defending the nation against the twin threats of China and the WHO, to the lies and machinations designed to erase any criticism of himself or his policies, he always had a single goal in mind: November 3, 2020, when the United States would decide whether or not he should remain as president.

By then, hundreds of thousands of US citizens would have died from COVID-19. But even that terrible figure would be reframed as a victory and vindication of the Trump presidency. “If we didn’t do what we did, you would have had a million people die, maybe more, maybe two million people die,” he said on April 27.

The truth is, if he didn’t do what he did, hundreds of thousands of Americans need not have died at all.

In the war against COVID-19, Donald Trump wanted to be seen as Franklin D. Roosevelt, the president who led the United States out of the Great Depression, through World War II, and into an unrivaled fourth term in office. In reality, his methods—and his madness—have had more in common with FDR’s fascist enemy Benito Mussolini, the Italian dictator whose ruthlessness, paranoia, pride, and corruption led his country to military and economic disaster. He ended his days hanging from a lamppost in Milan.

CHAPTER EIGHT

THE WAR ABROAD

“This is the time for facts, not fear. This is the time for science, not rumors. This is the time for solidarity, not stigma. We are all in this together, and we can only stop it together.”

—Dr. Tedros Adhanom Ghebreyesus,
WHO Director General, February 15, 2020

The first half of 2020 saw a global crisis unprecedented in living memory. Within six months of Dr. Li Wenliang’s first panicked WeChat messages from Wuhan Central Hospital, over 8.5 million people across the whole planet were infected with COVID-19. Half a million had died. One in four of the dead were American citizens.

Life for billions of ordinary people around the world changed in ways that seemed unimaginable at the beginning of the year. The manners in which we lived, worked, socialized, and played were all suddenly and dramatically altered; countless businesses folded, livelihoods were lost, economies crashed, and the worst global recession in over a century threatened even longer lasting damage.

China, the US, and the UK’s handling of the crisis was a disaster, unquestionably resulting in the needless deaths of tens of thousands of their citizens and further damaging the economies they had sought to protect in the first place. But not every nation followed their lead. And not every nation was to suffer so terribly.

Germany, despite having a population of some 16 million more than Britain, would record over 100,000 fewer cases of COVID-19 infections by the end of June—and, even more telling, some 33,000 fewer deaths. At just 4.6 percent, their case fatality rate was among the lowest in the world, contrasting with Italy’s 14.29 percent, Spain’s 11.48 percent, and the UK’s 13.97 percent. In layman’s terms, what that means is that, while still being one of the worst hit countries in the world, the effects of the virus on

Germany's population were markedly less severe than in similar nations.

What did Germany do so differently? The answer would seem to lie in its sophisticated and widespread testing system. While other governments limited their testing mostly to severe cases, elderly patients, and those with preexisting health conditions, Germany opted instead to test for the virus among a wide sample of the population, including younger people and those with mild symptoms. By the end of the first week of April, 132 laboratories across Germany were carrying out an average of 116,655 swab tests a day—a target the UK would briefly meet, and then drop below again, only at the end of that month.

Jens Spahn, German minister of health, told the World Economic Forum in late May that this early and extensive testing system gave the country a head start in the fight against the virus. “Germany is home to many laboratories that can test for the virus, and to many distinguished researchers in the field, which helps to explain why the first rapid COVID-19 test was developed here,” he said. “With a population of around 83 million people, we are able to perform up to one million diagnostic tests per day, and will soon have the capacity to perform around five million antibody tests per month. Extensive testing is like pointing a flashlight in the dark: without it, you can see only shades of grey; but with it, you can see details clearly and immediately. And when it comes to a disease outbreak, you can't control what you can't see.”

Such widespread testing at the beginning of the outbreak meant that far more positive cases were identified early on—perhaps even before obvious symptoms presented themselves—which in turn gave the authorities the chance to slow the spread of the virus by tracking and tracing anyone who had been in contact with the infected individual and ensuring they self-isolated.

“People were asked very early ... to remain isolated,” German Association of Accredited Laboratories spokesman Evangelos Kotsopoulos explained to BBC News. “The people [they were in contact with] were also traced and tested repeatedly and they were isolated as well ... they have managed to flatten the curve a bit and slowed down the rate of infection.”

According to Spahn, however, the enormous testing program was only one factor in Germany's relative success.

“Germany was not the first country to be hit by the virus, and thus had time to prepare,” he said. “While we have always kept a relatively large number of hospital beds available, particularly in intensive care units, we also took the COVID-19 threat seriously from the beginning. Accordingly, the country's ICU capacity was increased by 12,000 beds to 40,000 very quickly.”

Perhaps most pertinently, in stark contrast to the bluster, bragging,

bullying, war rhetoric, political maneuvering, and outright deceit exhibited by the American and British governments, the German Bundestag instead treated its citizens with a little more respect.

“It is critical that governments inform the public not just about what they know, but also about what they do not know. That is the only way to build the trust needed to fight a lethal virus in a democratic society,” Spahn told the World Economic Forum. “No democracy can force its citizens to change their behavior—at least not without incurring high costs. In pursuing a coordinated, collective response, transparency and accurate information is far more effective than coercion.

“In Germany, we have succeeded in slowing the spread of the virus because the vast majority of citizens want to cooperate, out of a sense of responsibility for themselves and others. But to maintain this success, the government must complement timely information about the virus with open public debate and a roadmap for recovery.

“In addition to informing the public, governments should show that they are relying on citizens to understand the situation and what it demands. Because they are informed, German citizens know that a return to normality is not possible without a vaccine. In thinking about our new, daily routines, our formula is to pursue as much normality as possible with as much protection as necessary.”

On May 6, as new cases in the UK were still topping 6,000 every day and as the US recorded its fourth-worst twenty-four-hour body count of the crisis to date (2,528 dead on that day alone), German Chancellor Angela Merkel announced that her country’s goal of slowing the spread of the disease had been achieved. Lockdown restrictions that had been in place since early March were to be lifted. The national Bundesliga soccer league was to resume (albeit with matches played behind closed doors and without crowds), schools were to gradually reopen, and all shops would once again be able to trade.

“I think we can safely state that the very first phase of the pandemic is behind us,” Chancellor Merkel said. “But we need to be very much aware we are still in the early phases and we’ll be in it for the long haul.”

It was not a complete return to normality—social distancing and the wearing of face masks were still to be enforced—but it was certainly a vindication of how the Germans had approached the crisis. And that early reliance on testing and tracing remained. The easing of lockdown came with a caveat. If new “second wave” infections rose to above 50 in every 100,000 people in any district, then local authorities had the power to immediately apply an “emergency brake” to reimpose restrictions.

Germany was not the only major country to get an early and decisive grip on the pandemic. On the other side of the world, New Zealand not only managed to contain the virus—recording just 1,504 cases and a total of 21 deaths by the end of May—but may have even eliminated COVID-19 from the country completely.

Their approach differed in some respects to Germany's, but the key to its success was fundamentally the same—by leading from the top, and by treating its citizens with respect.

On March 23, the same day that Boris Johnson put the UK into lockdown, New Zealand prime minister Jacinda Ardern also announced a rapid escalation of physical distancing and travel restrictions, upgrading to full national lockdown three days later. The difference between Ardern's and her British counterpart's decisions lay in the relative timing: by March 23 New Zealand had recorded just 102 cases of the virus and no deaths. Boris Johnson's lockdown order came after 6,650 cases and over 350 deaths.

Prior to then, New Zealand had been taking a similar approach to other nations, following standard pandemic plans of gradually increasing interventions as the disease progressed, with the idea of managing the strain on hospitals while also protecting the economy. After March 23, however, it changed tactics abruptly. Now Ardern's plan was not so much to contain the virus or mitigate its effects, but to kill it altogether.

Her government had already banned travelers from China in early February, before the country had even registered a single case of the virus—now it closed New Zealand's borders completely, as well as shutting schools, bars, cafes, restaurants, playgrounds, leisure facilities, and all “non-essential” shops with immediate effect. If this seemed an extreme response to an outbreak barely into three figures and yet to claim a single victim, it also effectively strangled the virus at birth. COVID-19 was simply not given a chance to spread in New Zealand. Prime Minister Jacinda Ardern, unlike the leaders of most of the rest of the world, had learned the lessons of Wuhan, Italy, Spain, and France.

Daily new cases in New Zealand peaked at just 146, on March 28—and since then have never topped 100. Their death toll has never exceeded four in a single day ... and at the time of writing, since May 6, nobody in New Zealand has died from COVID-19.

Of course, the country does have some natural advantages over other nations in fighting pandemics. Its remote location at the bottom of the South Pacific helped, as did its small population of just five million and its high standard of living. As former prime minister Helen Clark told the *Atlantic* in April: “It is undoubtedly an advantage to be sitting down on the periphery [of the world], because you have a chance to see what's circulating from abroad.”

But what New Zealand also had was a brilliant prime minister. At just thirty-nine years old, Jacinda Ardern is one of the youngest heads of state in the world, but much of New Zealand's success against COVID-19 has come from her bold, decisive, and humane leadership.

People feel that Ardern "doesn't preach at them; she's standing with them," Helen Clark continued. "They may even think, 'Well, I don't quite understand why [the government] did that, but I know she's got our back.' There's a high level of trust and confidence in her because of that empathy. This is the kind of crisis which will make or break leaders. And this will make Jacinda."

Her style is markedly different from that of Prime Minister Boris Johnson or President Donald Trump. After adjourning Parliament in March, she gave briefings to the nation from her home via Facebook Live, often dressed casually, and occasionally with her baby daughter wandering in and out of shot. There was no Churchillian posturing, no claims of greatness, no bluff, bluster, bullying, lies, or rewriting of history to suit her own narrative—and no framing of the press or dissenting opinions as "the enemy." After one reporter stumbled over his question during a press briefing, Ardern urged him to make sure he was getting enough sleep.

The result was a feeling among New Zealanders that they really were all in it together—and that even among those who might disagree with her party politics in ordinary times, she was the right person to lead them through this crisis. A poll by market research firm Colmar Brunton in early April found that 88 percent of New Zealanders trusted the government to make the right decisions about addressing COVID-19, and 84 percent approved of the government's response to the pandemic—the highest such poll numbers in any of the world's seven largest advanced economies, including the United States and the UK.

New Zealand's extreme reaction to COVID-19—by shutting down so completely, so early, they effectively prioritized public health over the economy—only worked because its citizens had faith in their leader. And because of that faith, they were prepared to endure whatever financial pain it might bring for the greater good.

On May 27, New Zealand announced it no longer had any patients hospitalized for coronavirus. It came on the fifth straight day in which no new cases had been reported. That same day the UK reported over 2,000 new cases and 412 new deaths; the US, a further 20,000 new cases and 1,535 new deaths—double the number of fatalities recorded the previous day.

If New Zealand showed that it was possible to take a different approach to tackling the virus, another major Western nation also experimented with alternative tactics, but with rather less success.

On paper, New Zealand and Sweden have much in common. Both are comfortable, relatively small, liberal states with a strong emphasis on community, civic duty, and a high quality of life. But from that shared philosophy came highly contrasting takes on COVID-19. Where the Southern Hemisphere country appealed to the community spirit of its citizens to understand the need for an extensive early lockdown even if it meant economic hardship later, Sweden instead applied its liberal principles to avoiding a lockdown altogether.

By late March, as all other major European countries enforced the closure of schools, restaurants, bars, and businesses, restricted travel to essential-only trips, and ordered their citizens to stay at home, Sweden instead decided to go it alone. Rather than introducing anything so severe as compulsory lockdown, their coalition government, led by center-left prime minister Stefan Löfven, appealed to Swedish common sense: while social distancing rules were put in place and gatherings were restricted to no more than fifty people, schools, restaurants, bars, and gyms all remained open. People were simply encouraged—not ordered—to do the right thing and keep each other safe.

The goal, according to Sweden's state epidemiologist Anders Tegnell, was to limit the spread of the infection without having to resort to crippling social and economic measures. "Once you get into a lockdown, it's difficult to get out of it," he said. "How do you reopen? When?"

As well as the liberal, conscientious mindset of its inhabitants, Sweden had other factors going for it that suggested the approach might work. It is a country with low population density—meaning that people are more spread out—and it has a high share of single-person households, unlike the Mediterranean countries where large, crowded cities full of multigenerational households encouraged the virus to spread quickly from young people to their older relatives. It also has a high life expectancy and low levels of obesity and chronic diseases that make the virus more lethal.

Superficially, at least, this light touch seemed to have worked. Opinion polls showed a large majority of Swedes responded positively to the more relaxed strategy, with a high approval rating for what many in the country called their "grown-up" appeal to good citizenship over mandatory instruction. Google's mobility figures showed that in the capital of Stockholm, trips to shops and cafes were down by as much as 40 percent, with a similar drop in the number of people using public transport in the city. National data showed that overall, throughout April, Swedes visited shops and recreation spots almost as little as residents of neighboring countries on full lockdown.

As the world watched closely, the apparent success of this moderate response drew praise from some American politicians eager to end the imposed lockdowns in their own cities and states. “We need to observe with an open mind what went on in Sweden, where the kids kept going to school,” observed Republican senator Rand Paul of Kentucky in mid-May.

But unfortunately, things may not have been as black-and-white as they seemed.

A study released on May 20 by the Swedish Public Health Authority revealed that just 7.3 percent of Stockholm’s inhabitants had developed COVID-19 antibodies—meaning that any hope of their tactic encouraging a tentative national herd immunity was not working out as planned.

Anders Tegnell conceded the antibodies figure was “a bit lower than we’d thought,” and Tom Britton, a math professor who helped develop the state forecasting model that predicted a quarter of the capital’s population would have become infected and developed antibodies by then, said the figure from the study was surprising.

“It means either the calculations made by the agency and myself are quite wrong, which is possible, but if that’s the case it’s surprising they are so wrong,” he told the newspaper *Dagens Nyheter*. “Or more people have been infected than developed antibodies.”

The “grown-up” approach did not appear to stop the virus from spreading, either. On March 23, when the UK shut down, Sweden had registered 2,046 cases of COVID-19, six of which had resulted in death. By June 18, there were more than 55,000 cases and over 5,000 fatalities. The curve may not have been as apparently steep or as dramatic as those of the US, the UK, Italy, or Spain, but it was evidence enough that the strategy was not working.

On May 21, it was revealed that in a rolling seven-day average between May 12 and May 19, Sweden had recorded the highest number of COVID-19 deaths per capita in all of Europe. The country’s 6.25 deaths per million inhabitants a day was just above the UK’s 5.75.

Perhaps most tellingly, the country had fared markedly worse than its Scandinavian neighbors.

By the end of May, Sweden’s overall COVID-19 death rate per million was 423. While less than the worst hit countries (the UK’s was 552 at that time, and Italy’s 547), it was far in advance of its closest neighbors: Denmark had registered 98 deaths per million of population, Finland 56, and Norway just 44. All three are countries with similar demographics and welfare systems—but they all imposed strict lockdowns.

“It’s not a very flattering comparison for Sweden, which has such a great public health system,” Andrew Noymer, a demographer at the University of California at Irvine, told the *New York Times*. “There’s no reason Sweden

should be doing worse than Norway, Denmark and Finland.”

Martin Kolk, a demographer at Stockholm University, agreed. “It is clear that mortality in Stockholm has been a lot higher than you would expect from a normal year,” he said. “But we will have to wait and see what happens. It’s a very big difference if we continue to see excess mortality for six more months, or if it will be back to normal levels in a few weeks.”

Perhaps the biggest blow for fans of the Swedish model was that if part of its national strategy was to keep the economy buoyant, that too appeared to have largely failed. Even without a full lockdown, Sweden suffered similar economic effects as the rest of the continent: in May, the Swedish Central Bank projected the country’s GDP will contract by 7 to 10 percent in 2020, in line with the European Commission’s projection of a 7.5 contraction for the EU economy as a whole.

“Sweden will be judged at the finish line,” Andrew Noymer told the *New York Times*. “But it’s a very high-stakes risk, and the consequences are people’s lives.”

Germany, New Zealand, and Sweden all responded to the challenge of COVID-19 in very different ways, and with varying degrees of success. But the common factor in how all of those nations approached fighting the virus was the openness and transparency of their leaders. All not only kept their citizens fully apprised of what they were doing and why they were doing it, but they also made clear that they trusted in the cooperation and community spirit of their people to do what was right. “Grown-up” politics, to use the Swedish phrase.

There was no confrontation, no exceptionalism, no nationalism, and no exclusionism. It is notable that the same could not be said for the governments of the most badly affected nations on Earth.

“The pandemic has shown why an interconnected world needs global-level crisis management,” German health minister Jens Spahn told the World Economic Forum on May 23. “Sadly, multilateral cooperation has become more difficult in recent years, even among close allies. Now that we see how much we need one another, the current crisis should be a wake-up call. No single country can manage a pandemic alone. We need international coordination, and if the institutions that exist for this purpose are not functioning well enough, we must work together to improve them.

“Like most crises, this one offers opportunities. In many areas, it has brought out the best in us: a new sense of community, a greater willingness to

help others, and renewed flexibility and creativity. There can be no doubt that the medium-term consequences of the pandemic will be tough. But despite all the difficulties and uncertainties that lie ahead, I remain optimistic. In Germany and elsewhere, we are witnessing what our liberal democracies and citizens are capable of.”

CHAPTER NINE

THE CHINA SYNDROME

“It’s nobody’s fault, unless you go to the original source.”

—President Trump, White House press briefing, March 16,
2020

“It’s not racist at all. No, not at all. It comes from China, that’s why. It comes from China. I want to be accurate.”

—President Trump, White House press briefing, March 18,
2020

As we have already seen, it took until mid-March before the full scale of President Trump’s horrific complacency about the threat of COVID-19 began to sink in. Once it did, he immediately set about finding someone else to blame for his own failings.

It was during the press briefing of March 18 that he first referred to COVID-19 as “the Chinese virus,” even amending the original word “coronavirus” on his printed speech. If it was the first part of a plan to give an identity to the crisis—a foreign identity waging war against the United States, at that, enabling the president to cast himself in the role of valiant defender of the nation—what was to follow was markedly less subtle.

Over the ensuing months, as the United States’ death toll passed 100,000 and the total number of domestic recorded cases of COVID-19 raced beyond two million, the president and his administration began a concerted and deliberate campaign of misinformation about exactly where the virus had come from in the first place.

For President Trump, COVID-19 would not just be the Chinese virus—it would be a virus manufactured in a Chinese laboratory, a biological weapon launched against the West. He wasn’t about to let the facts get in the way of a very useful story.

The idea that COVID-19 might not have been a natural phenomenon, jumping species from animals to unsuspecting humans in the wet markets of Wuhan, but instead a virus cooked up in a Communist lab, had been whispered of by conspiracy theorists almost from the start of the outbreak. As long ago as January 26, the *Washington Times* published a report with the alarming headline: “Coronavirus may have originated in lab linked to China’s biowarfare program.” The article itself offered no evidence to back up the claim—and on March 25 the paper was forced to add an update to the story, conceding: “scientists outside of China have had a chance to study the virus ... [and have] concluded it does not show signs of having been manufactured or purposefully manipulated in a lab.”

No matter—the idea was out there. By mid-February, Arkansas Republican senator Tom Cotton was openly discussing the possibility that COVID-19 “originated” in the Wuhan lab. “We don’t have evidence that this disease originated there,” the senator told Fox News on February 16. “But because of China’s duplicity and dishonesty from the beginning, we need to at least ask the question to see what the evidence says, and China right now is not giving evidence on that question at all.”

At the same time, a group of twenty-seven prominent scientists outside China published a statement in the *Lancet* in order to “condemn conspiracy theories suggesting that COVID-19 does not have a natural origin,” pointing out that the research “overwhelmingly” concluded the “coronavirus originated in wildlife.”

That statement was followed in March by a report published in *Nature Medicine* by five more prominent scientists, in which they wrote, “We do not believe any type of laboratory-based scenario is plausible.”

By mid-April, however, the Trump regime, reeling from a death toll that had exceeded 30,000 with a further 30,000 new COVID-19 cases being logged each day, decided it was time to counter the science.

At the April 15 press briefing, asked by a reporter from his favored Fox News network if he believed the disease was cooked up in a Chinese laboratory, President Trump fanned the conspiracy flames, replying, “More and more we’re hearing the story ... we are doing a very thorough examination of this horrible situation.”

That same day, Secretary of Defense Mark Esper told the same network that Beijing had questions to answer, saying, “Even today, I see them withholding information and I think we need to do more to continue to press them to share.” Not to be outdone, speaking to Fox News’ *The Story with Martha MacCallum* that same evening, Secretary of State Mike Pompeo claimed, “What we do know is we know that this virus originated in Wuhan, China. We know there is the Wuhan Institute of Virology just a handful of

miles away from where the wet market was. There is still lots to learn. You should know that the United States government is working diligently to figure it out.”

With such high-profile government figures apparently giving credibility to the rumor, Fox News naturally ran with what was on the surface a dynamite story.

That same night their website led on a lengthy article headlined: “Sources believe coronavirus outbreak originated in Wuhan lab as part of China’s efforts to compete with US.”

With no scientists willing to openly endorse the idea, the story instead relied on unnamed “sources” and speculation—as well as those statements by the president, the secretary of defense, and the secretary of state.

“There is increasing confidence that the COVID-19 outbreak likely originated in a Wuhan laboratory,” the piece began, citing “multiple sources who have been briefed on the details of early actions by China’s government and seen relevant materials.” One of those sources told the reporters the scandal may be the “costliest government cover-up of all time.”

The story continued: “The sources believe the initial transmission of the virus—a naturally occurring strain that was being studied there—was bat-to-human and that ‘patient zero’ worked at the laboratory, then went into the population in Wuhan ... Documents detail early efforts by doctors at the lab and early efforts at containment. The Wuhan wet market initially identified as a possible point of origin never sold bats, and the sources tell Fox News that blaming the wet market was an effort by China to deflect blame from the laboratory, along with the country’s propaganda efforts targeting the U.S. and Italy.”

There was also a further comment by Mike Pompeo, who said that the Wuhan lab “contained highly contagious materials—we knew that, we knew that they were working on this program, many countries have programs like this. In countries that are open and transparent, they have the ability to control them and keep them safe, and they allow outside observers in to make sure all the processes and procedures are right. I only wish that that had happened in this place.”

The following day, China’s foreign ministry rejected the claims, citing the previous scientific and WHO conclusions that there was no evidence that the virus originated in a laboratory, dismissing the idea as “baseless conspiracy theories” and accusing those propagating them of “political manipulation” and pushing “ideological prejudices.”

No matter. Repeat an idea often enough and it becomes the truth. On April 18, President Trump once again raised the issue at the daily press briefing. “We’re looking at it,” he told reporters. “A lot of people are looking at it—it

seems to make sense.”

When reporters pressed Dr. Anthony Fauci, the US’s top infectious disease expert, on what exactly made sense, his reply suggested exactly the opposite. “A group of highly qualified evolutionary virologists looked at the sequences in bats as they evolve,” he said. “The mutations that it took to get to the point where it is now are totally consistent with a jump of a species from an animal to a human.”

But by the following Monday, Senator Cotton was again pushing the theory, this time in an op-ed article in the *Wall Street Journal* in which he once more directly suggested that COVID-19 originated in the Wuhan lab—with his conclusions driven by “common sense” rather than scientific evidence.

“While the Chinese government denies the possibility of a lab leak, its actions tell a different story,” he wrote, adding, “This evidence is circumstantial, to be sure, but it all points toward the Wuhan labs. Thanks to the Chinese coverup, we may never have direct, conclusive evidence—intelligence rarely works that way—but Americans justifiably can use common sense to follow the inherent logic of events to their likely conclusion.”

On April 30—the same day that the *New York Times* reported that Secretary of State Pompeo was urging US spy agencies to find evidence proving the theory was correct—the Inspector General of the Intelligence Community released a statement on the matter. “The entire Intelligence Community has been consistently providing critical support to US policymakers and those responding to the COVID-19 virus, which originated in China,” it read. “The Intelligence Community also concurs with the wide scientific consensus that the COVID-19 was not manmade or genetically modified.”

Ignoring the Inspector General, later that same day President Trump said he had a “high degree of confidence” the virus came from a Wuhan lab. “We’re going to see where it comes from,” he said. “We have people looking at it very, very strongly. Scientific people, intelligence people, and others. We’re going to put it all together. I think we will have a very good answer eventually. And China might even tell us.” Pressed to explain what evidence he might have, the president responded, “I can’t tell you that. I’m not allowed to tell you that.”

The Trump administration’s “alternative truth” campaign—in which what was little more than an unsubstantiated theory was being presented as credible fact—was not grounded in science, or evidence, or even intelligence. So why say COVID-19 was cooked up in a lab in Wuhan when everyone from the *Lancet* to Dr. Fauci and his own Inspector General of the Intelligence

Community said it wasn't? Because it let the president off the hook. It meant the millions infected and 100,000-plus dead weren't his fault. It meant the United States was the victim of communist chemical warfare, not White House incompetence.

The conspiracy theory even gained traction in the highest levels of the British government, with a senior government adviser—perhaps mindful of Prime Minister Boris Johnson's own failings—quoted as describing it as “credible” and “not discounted” and adding, “There are clearly questions that need to be answered about the origin and spread of the virus.”

On May 2, the *Daily Mail*—Britain's second-bestselling newspaper and a firm supporter of the Boris Johnson administration—picked up the baton from Fox News, plus a bombshell story of their own.

In the article, headlined “Wuhan virus lab ‘cover up,’” they published photographs—subsequently removed by the Institute of Virology—of scientists working with bats at the laboratory while wearing little in the way of protective equipment. It also revealed that the institute's website had edited out references to a visit by US scientists in 2018, after which cables were sent to the US State Department warning about the risks of the bat experiments. One read: “During interactions with scientists at the WIV laboratory, they noted the new lab has a serious shortage of appropriately trained technicians and investigators needed to safely operate this high-containment laboratory.”

The same day, media outlets around the world including Sky News, the *New York Post*, and the Australian *Daily Telegraph* broke an even bigger scoop, all claiming to have seen a “damning dossier” from the Five Eyes intelligence alliance—a multinational spy agency comprising the United States, Australia, Canada, New Zealand, and the United Kingdom.

The sensational document not only claimed that China had lied to the world about the ability of the virus to transmit between humans, and exposed how it had silenced whistleblowers like Dr. Li Wenliang, but also indicated that some of the five intelligence agencies believed that the virus may indeed have been leaked from the Wuhan Institute of Virology, citing the regime's “suppression and destruction of evidence” and describing China's handling of the virus “an assault on international transparency.”

At the same time, Fox News claimed to have been told by “a senior intelligence source” that most intelligence agencies believed COVID-19 originated in the Wuhan lab, and that “it was thought to have been released accidentally”—and Sky News revealed the genetic coding of COVID-19 to be

nearly identical to a strain of virus found in the Wuhan lab.

Was this, finally, the hard intelligence and scientific evidence that would prove the Trump administration had been right about the origins of the disease all along?

Apparently not. A week later, Reuters reported that the Five Eyes “damning dossier” was not in fact anything of the kind. Citing a source close to the Australian government, their report said, “An official familiar with the fifteen-page document cited in the article told Reuters it was American, appeared to be designed to gather support for the U.S. position, and wasn’t a piece of intelligence work.”

The Reuters source also claimed that there had been no input from Australian agencies into the document, and that all the “intelligence” in the dossier had actually come from newspaper articles and other material already in the public domain. Other Australian media outlets suggested that the real source of the document was not the Five Eyes intelligence alliance at all, but the US embassy in Canberra.

At the end of May, the Agence France-Presse news agency carried an interview with Wang Yanyi, director general of the Wuhan Institute of Virology, who immediately shot down Sky News’ claim that the genetic coding of COVID-19 matched that of a strain found in the lab.

“Now we have three strains of live viruses,” she said. “But their highest similarity to SARS-CoV-2 only reaches 79.8 percent. It’s an obvious difference.”

By way of context, according to a report in the journal *Science*, humans share 99 percent of our genes with chimpanzees, about 80 percent with domesticated cattle ... and around 50 percent of our protein-coding genes with bananas.

Dr. Wang also rejected the idea that the pandemic started in her lab as “pure fabrication,” claiming that her scientists had never “encountered, researched or kept the virus” until the first samples arrived in the lab on December 30, by which time it had already spread throughout Wuhan. “In fact, like everyone else, we didn’t even know the virus existed. How could it have leaked from our lab when we never had it?” she added.

President Trump’s “scientific people, intelligence people, and others” who were going to “put it all together” were all in fact concluding that the Wuhan Institute of Virology was not the source of the outbreak. And worst of all, any lingering, albeit flimsy, idea that the president—and Secretary of State Pompeo, and Senator Cotton, and Secretary of Defense Esper—had simply made an honest mistake in putting forward the idea in the first place was to be dashed by a report in *Politico* magazine.

According to *Politico*, it seems that the theory that COVID-19 began life

in a Wuhan lab was not only a fake news tactic designed to draw the blame for US deaths away from the president and toward the Chinese Communist Party—but it was also employed as a deliberate and deeply cynical electioneering campaign strategy.

The magazine obtained an April 17 memo from the National Republican Senatorial Committee, authored by top Republican strategist Brett O'Donnell, who had previously advised Secretary of State Pompeo and Senator Tom Cotton. The detailed fifty-seven-page document—otherwise known as a talking points memo—had been sent to Republican candidates and laid clear how they were to address the pandemic sweeping America.

The bottom lines: attack China—and use China to attack the Democrats.

O'Donnell laid out three main lines of assault: that China caused the virus; that Democrats are “soft on China, fails to stand up to the Chinese Communist Party and can’t be trusted to take them on”; and that Republicans will “push for sanctions on China for its role in spreading this pandemic.”

The Republican Party faithful were told to describe the disease as “a Chinese hit-and-run followed by a cover-up that cost thousands of lives.” The phrase “China did this,” underlined, was repeated throughout.

“The Chinese Communist Party caused this pandemic,” the memo continued. “They arrested doctors who tried to warn us. They covered up the number of deaths. They lied and pretended the disease could not be transmitted. China bought up the world’s supply of face masks and medical supplies, and then stopped exports out of the country when we needed them. China is not an ally, and they’re not just a rival—they are an adversary and the Chinese Communist Party is our enemy.”

Most pertinently, candidates were instructed to deflect any questions criticizing President Trump’s handling of the crisis back toward China—and by extension, toward the president’s “soft on China” rivals.

“Don’t defend Trump, other than the China Travel Ban—attack China,” the memo stated. Further on: “New York and New Jersey became death zones because their Democratic leadership refused to act. They were worried about social justice and identity politics ... If they had thrown out their liberal/progressive identity politics playbook and done what was right for the city and the nation, thousands of lives would have been saved.”

There were further guidelines on what Republican candidates were to say if confronted with the accusation that blaming China for the pandemic incited racism. In that instance they were urged to respond by saying, “No one is blaming Chinese Americans. This is the fault of the Chinese Communist Party for covering up the virus and lying about its danger. This caused the pandemic and they should be held accountable.”

If this pivoting of the crisis for political traction leaves a bad taste in the

mouth, another part of the memo once again repeated the accusation that COVID-19 was not a natural tragedy, but a man-made disease. In a section titled “Hit—China,” the document stated, “The coronavirus is likely the result of an accidental release by a Chinese research facility—decades of haphazard experimentation with viruses and negligence in biosafety made the release of a bat covid virus a likely source of the coronavirus.”

Scientific evidence about the virus passing from animals to humans via the Huanan wet market was dismissed as merely “a cover story about people eating bats and pangolins to shield the Wuhan Institute of Virology and the Wuhan Centers for Disease Control and Prevention (both of which are near the market) from scrutiny.... Evidence indicates that accidental release due to negligence is the best explanation—the alternative explanations are farcical. It is time to admit that the Chinese accidentally released the virus and then covered it up, killing tens of thousands of people, and wrecking the global economy.”

Among the “key facts” used to back up these claims was the April 15 Fox News report that relied so heavily on the unsubstantiated assertions of the president, the secretary of defense, and the secretary of state. Evidence presented by the world’s most renowned scientists did not feature.

In an interview with *National Geographic* magazine in May, Dr. Fauci repeated his assertion of April 18. “If you look at the evolution of the virus in bats and what’s out there now, [the scientific evidence] is very, very strongly leaning toward this could not have been artificially or deliberately manipulated,” he said. “Everything about the stepwise evolution over time strongly indicates that [this virus] evolved in nature and then jumped species.”

The World Health Organization agreed. The WHO’s representative in China, Gauden Galea, said, “From all available evidence, WHO colleagues in our three-level system are convinced that the origins are in Wuhan and that it is a naturally occurring, not a manufactured, virus.” In Geneva, the WHO’s Fadela Chaib said, “All available evidence suggests the virus has an animal origin and is not a manipulated or constructed virus in a lab or somewhere else.”

O’Donnell himself declined to comment on the leaked memo, and a National Republican Senatorial Committee spokesman told *Politico*, “We routinely send campaigns different documents and sources of information dozens of times per week. That’s the role of the party committee, especially in these volatile times.”

Once again, President Trump was being driven purely by politics. His reaction to the worst peacetime crisis in American history—and a death toll that had by then exceeded those of the Vietnam War, Korean War, Gulf War, Afghanistan War, and Iraq War combined—was not to do everything in his power to help the American people, but to do everything in his power to manipulate—or fabricate—the facts to his own political advantage.

By June 1, the number of Americans killed by COVID-19 on President Trump's watch was 106,925—within 12 days it would exceed the 116,708 US troops killed in World War I. And still he sought to blame others.

It suited Trump's agenda for COVID-19 to be a man-made virus created in a Wuhan laboratory and released by the Communist Party as an attack on the United States—regardless of how true that might actually be. And if he could tie in his Democrat rivals as collaborators, or at the very least as pushovers, so much the better. The important thing—the only thing—was to win November's election. By hook or by crook.

The frightening thing is that this tactic works. According to a Pew Research Center poll conducted in April, nearly 30 percent of Americans believed the president over the scientists and that COVID-19 did not originate in wildlife but was instead cooked up in a Chinese lab. Another Pew poll from earlier that month found that Fox News viewers were far more likely than others to believe the virus originated in a lab.

And that wasn't even the most outlandish conspiracy theory out there.

PART II: FALLOUT

“The world does not lack the tools, the science, or the resources to make it safer from pandemics. What it has lacked is the sustained commitment to use the tools, the science and the resources it has. That must change, and it must change today.”

—Dr. Tedros Adhanom Ghebreyesus,
WHO Director General, May 18, 2020

CHAPTER TEN

ENCOURAGING THE CONSPIRACIES

“Disinformation about COVID-19 has already cost lives. It is essential that the Government issues clear and transparent messages at home ... It must also work closely with allies to present a united front where possible, and to help ensure that vital international research efforts are not compromised by propaganda and bad data.”

—UK Parliament’s Foreign Affairs Committee, April 6, 2020

On January 22, 2017, Kellyanne Conway, a former counselor to the newly inaugurated President Trump, coined a new phrase. She had been asked why then–White House press secretary Sean Spicer had falsely inflated the numbers at Trump’s inauguration ceremony. Spicer hadn’t lied, Conway insisted—he was simply giving “alternative facts.”

Alternative facts—lies, half-lies, and disinformation disguised as the truth—would become a feature of the Trump administration, so much so that CNN even began running a regular “fact check” service to correct the president’s falsehoods. During the COVID-19 pandemic, however, the line between verifiable fact and alternative fact frequently became so blurred that the truth was often in danger of being lost altogether.

On May 29, CNN’s fact check pulled no punches. “President Donald Trump’s response to the coronavirus pandemic has been deeply dishonest. He has been dishonest about testing. He has been dishonest about his travel restrictions. He has been dishonest about the supplies his predecessor left him, about what his opponents have said about the pandemic, even about what he has said himself.”

CNN’s data showed that over the first fourteen weeks of the crisis in the US—from January 27, when his “task force” started meeting, to May 3, when

the number of total cases in the nation reached 1.2 million—the president made no fewer than 215 false claims specifically about the pandemic, with many further false claims about related subjects, like the economy and China.

Thirty-seven of those “alternative facts” concerned testing, including twelve instances in which the president tried to insist that testing problems were due to his administration “inheriting” bad, broken, and obsolete tests from the Obama administration. The truth was that the faulty initial tests were created in early 2020 by the Centers for Disease Control and Prevention—as COVID-19 was an entirely new virus, the tests could not possibly have been inherited from any previous administration.

“He is lying. He is lying 100 percent. He is lying because he is trying to shift blame to others, even if the attempt is totally nonsensical,” Gregg Gonsalves, assistant professor in the Department of Epidemiology of Microbial Diseases at the Yale School of Public Health, told CNN. He was backed up by Tara Smith, an epidemiology professor at Kent State University. The claim “doesn’t make sense because it is false,” Smith said. “This is a new virus.”

More alternative facts abounded. In an interview with Sean Hannity of Fox News on March 4, the president contradicted the official WHO COVID-19 death rate of 3.4 percent, insisting instead that the correct fatality rate was less than 1 percent.

“Well, I think the 3.4 percent is really a false number,” he said. “You know, all of a sudden it seems like 3 or 4 percent, which is a very high number, as opposed to a fraction of 1 percent ... But again, they don’t know about the easy cases because the easy cases don’t go to the hospital. They don’t report to doctors or the hospital in many cases. So I think that that number is very high. I think the number, personally, I would say the number is way under 1 percent.”

The president also claimed that the potential impact of the pandemic was being exaggerated by Democrats plotting against him. Those comments were picked up by Pete Hegseth, cohost of *Fox & Friends Weekend*, who said of the Democrats, “They’re rooting for the coronavirus to spread. They’re rooting for it to grow. They’re rooting for the problem to get worse.”

But if twisting—or ignoring—the truth in those cases was done for political means, to shift blame for his inadequacies onto his political rivals, another of the president’s “alternative facts” showed the immediate danger of what can happen when an authority figure peddles misinformation.

Following President Trump’s press briefing of April 23, when he suggested injecting disinfectant into the human body to combat the virus, the Maryland health department emergency hotline was deluged with hundreds of calls asking if it was right to ingest Clorox or alcohol cleaning products

—“whether that was going to help them fight the virus,” according to the Republican governor of Maryland, Larry Hogan, who added that people “certainly pay attention when the president of the United States is standing there giving a press conference.”

Major increases in calls to poison control centers were also reported in New York, Michigan, Tennessee, and Illinois. Officials of the state of Kansas said that on April 27 a man drank disinfectant “because of the advice he’d received.”

When the very definition of “facts” becomes a fluid concept, open to interpretation and alternatives, what inevitably follows are conspiracy theories—unscrutinized, unverified, unproved; at best based on flawed science and manipulated statistics, or else on nothing more substantive than what Senator Tom Cotton might describe as “common sense.”

During the COVID-19 global pandemic, with billions of people all over the world frightened, confused, and desperate for someone to make sense of it all—and with the governments of China, the UK, and the US all peddling their own self-serving versions of the truth—conspiracy theorists never had it so good.

A report headlined “Types, sources, and claims of COVID 19 misinformation,” published by the Reuters Institute for the Study of Journalism on April 7, found that the majority of this misinformation involved “various forms of reconfiguration, where existing and often true information is spun, twisted, recontextualised, or reworked.” The study also found that “top-down misinformation from politicians, celebrities, and other prominent public figures” captured a majority of the social media engagement.

In the social media age—when, as the saying goes, a lie can travel halfway around the world before the truth has put its pants on—it was this “top-down misinformation” that was to have the greatest traction. And it would spread faster than any virus.

President Trump’s own favorite conspiracy theory—that the virus was manufactured in the Wuhan Institute of Virology—stopped short of overtly declaring COVID-19 a biological weapon. Others were not so shy of declaring the pandemic a deliberate act of war.

The *Washington Times* article of late January that first prompted Senator

Cotton to use his “common sense” relied heavily on an interview with Dany Shoham, a former Israeli intelligence officer “who has studied Chinese biological warfare” for its information. He insisted that the laboratory was linked to Beijing’s secret bioweapons program: “Certain laboratories in the institute have probably been engaged, in terms of research and development, in Chinese [biological weapons], at least collaterally, yet not as a principal facility of the Chinese BW alignment,” adding that the research was “definitely covert.”

In the two months between its January publication and the March 25 update, which effectively admitted the story had no basis in fact, the article had been republished to hundreds of different social media accounts and shared to a potential audience of millions. And every time somebody prominent cited or quoted from it, it grew in apparent authority.

On February 24, conservative political commentator Rush Limbaugh—whose radio show is the most popular in the US—broadcast that the virus “probably is a ChiCom [Chinese Communist] laboratory experiment that is in the process of being weaponized. All superpower nations weaponize bioweapons. They experiment with them.” He added, “I’m telling you, the ChiComs are trying to weaponize this thing.... It came from a country that Bernie Sanders wants to turn the United States into a mirror image of: Communist China.”

On March 10, fellow right-wing commentator and TV host Josh Bernstein went a step further: not only was the virus a man-made weapon, it was cooked up in a joint plot between Beijing and the Democrats.

“They are so hell-bent on destroying this country [and] this president to gain back power that they probably worked with the Chinese government, and they devised this plan,” he said. “They allowed their medical deep state to release this virus into the American public, to scare the living daylights out of everybody to shut down the economy, to shut down the markets, and to stop the Trump rallies ...

“These people are sick, twisted, and they should all be held accountable. We should lock them in a room with infected coronavirus people, and they shouldn’t have gas masks on.”

Three days later, Jerry Falwell Jr., then president of Liberty University, told Fox News’ *Fox & Friends* that he believed COVID-19 to be a Chinese–North Korean weapon, saying, “The owner of a restaurant asked me last night, he said, do you remember the North Korean leader promised a Christmas present for America, back in December? Could it be they got together with China, and this is that present? I don’t know. But it really is something strange going on.”

Neither Rush Limbaugh, Josh Bernstein, nor Jerry Falwell Jr. presented

any evidence for their assertions—other than, perhaps, the musings of Falwell’s restaurateur friend—but their high profiles meant their conspiracy theories were shared and disseminated to millions. Repeat a lie often enough and it becomes, if not truth, then at least alternative fact.

It was only a matter of time before the conspiracies went global. On March 13, senior Indian opposition leader Manish Tewari tweeted to his half a million followers: “CoronaVirus is a bio-weapon that went rouge [rogue] or was made to go rouge. It is an act of Terror. International investigation ... is necessary to unearth the truth & bring focus back on eradicating Biological weapons.”

Asian media reported in the following days how social media networks across the subcontinent had been deluged with disinformation and conspiracy theories concerning China and Chinese people, including fake videos alleging that the Chinese state was killing citizens in order to prevent the spread of the virus. Further reports suggested that many in India’s northeastern region bordering China had been subjected to racist attacks as a result.

For their part, the Chinese were perpetuating conspiracy theories of their own—this time, somewhat predictably, that COVID-19 was an American bioweapon, created by the CIA to attack the communist state.

A March 26 investigation by nonprofit media organization ProPublica revealed how the orchestrated hacking of popular Twitter accounts to spread state propaganda and anti-US conspiracy theories was being conducted by China News Service, the country’s second largest government-owned media outlet. Each hacked tweet would be liked and retweeted by hundreds of other similarly hacked accounts so as to give the appearance of credibility and spread the disinformation as widely as possible. With Twitter blocked in China, the posts were aimed at the millions of Chinese living outside its borders.

On April 5, the *Telegraph* newspaper in Britain exposed a similarly huge Facebook campaign by Beijing to spread misinformation about the origins of the virus.

“Chinese state media is flooding Facebook and Instagram with undisclosed political adverts whitewashing its role in the coronavirus pandemic and pinning blame on Donald Trump,” the paper reported. “Three official news outlets—Xinhua, China Central Television, and the *Global Times*—have targeted users across the world with promoted stories in English, Chinese, and Arabic. The ads, seen millions of times, extolled China’s efforts against Covid-19, downplayed its domestic outbreak, depicted Mr. Trump as misguided and racist, and suggested that the virus might have originated in the US.”

A week earlier, the *Global Times* alleged that the virus might not have

started in China at all but had been brought into the country by an American military athlete.

“Chinese netizens and experts urge the US authority to release health and infection information of the US military delegation which came to Wuhan for the Military World Games in October to end the conjecture about US military personnel bringing COVID-19 to China,” ran the article, going on to name Maatje Benassi, an American diplomatic driver and cyclist who had come to Wuhan to compete in the competition, as “patient zero of the deadly new disease.”

In the Middle East, the Arabic press also gave prominence to dozens of high-profile articles promoting the conspiracy theory that COVID-19 was deliberately created in the US, either as what the Middle East Research Unit called “part of an economic and psychological war waged by the U.S. against China with the aim of weakening it and presenting it as a backward country and a source of diseases” ... or else as a part of a plan to sell vaccines against the disease.

The Middle East Research Unit quoted a piece in Saudi daily *Al-Watan* by Sa’ud Al-Shehry: “Dear reader, when you read these scenarios, you will surely agree that behind the corona[virus] there is a plan of deceit aimed at making a profit, and nothing more. The whole thing is a virus industry, a world of tiny creatures—viruses and genetic engineering—that culminate in the manufacture of a virus that is transferred to wealthy countries that can buy the [vaccine] serum.”

Alternative facts about the virus had given way to wild conspiracy—and with so much disinformation sloshing around, spread by so many supposedly respected sources, the spring of 2020 became open season for anyone with an axe to grind.

One of the most bizarre targets was Microsoft mogul and philanthropist Bill Gates.

In a now-deleted tweet on February 27, California Republican congressional candidate Joanne Wright wrote, “The Corona virus is a man-made virus created in a Wuhan laboratory. Ask [@BillGates](#) who financed it.” In a further (also subsequently deleted) tweet, she added, “Doesn’t [@BillGates](#) finance research at the Wuhan lab where the Corona virus was being created? Isn’t [@georgesoros](#) a good friend of Gates?”

Her accusations followed a rumor spread by supporters of the pro-Trump QAnon movement along with anti-vaccine activists. On January 22,

prominent QAnon agitator Jordan Sather—who has over 165,000 followers on Twitter and 227,000 on YouTube—tweeted: “The new fad disease called the ‘coronavirus’ is sweeping headlines. Funnily enough, there was a patent for the coronavirus [that] was filed in 2015 and granted in 2018.”

The post was heavily shared on the platform—and he followed it with another: “This assignee of this patent was the government funded Pirbright Institute out of the UK. And would you look at that, some of their major funders are the World Health Organization and the Bill & Melinda Gates Foundation.”

The 2015 patent filed by the Pirbright Institute covered the development of a weakened form of a coronavirus that could potentially be used as a vaccine to prevent respiratory diseases in birds. As an avian coronavirus, it would only be effective for strains that originated in birds—and not COVID-19, which originated in bats.

Undeterred, Sather’s tweets continued: “Was the release of this disease planned? Is the media being used to incite fear around it? Is the Cabal desperate for money, so they’re tapping their Big Pharma reserves?”

Following Sather’s accusations, Dr. Erica Bickerton, who studies avian pathology for Pirbright, said that the institute patented the avian coronavirus to study how it replicated in chickens and chicken cells. “The name coronavirus is a whole family of viruses,” she said. “Each of these viruses has their own characteristics. The work we do focuses on an avian coronavirus that affects chickens.”

Teresa Maughan, a spokesperson for Pirbright, also stressed that as well as their patent being effectively irrelevant to the COVID-19 strain of the virus, the institute’s work on avian coronaviruses wasn’t actually funded by Bill Gates at all.

“The patented work cited in the conspiracy theories involved infectious bronchitis virus (IBV) only, and we made four changes in the gene responsible for replicating the virus’s genetic material. This has weakened the virus so it is no longer able to cause disease and has potential to be used as a vaccine, but has not yet been developed,” she told *BuzzFeed News*. “The patented work was completed in 2015 and is not funded by the Bill & Melinda Gates Foundation.”

Alternative facts. And because they didn’t fit the QAnon agenda, ignored facts. The conspiracy theory—that Bill Gates created COVID-19 to make billions from a resulting vaccine—continued to grow and expand. Within a week of Sather’s tweets, the institute’s patent listing had been shared more than 6,000 times across scores of Facebook groups with official-sounding titles.

“This is a man-made, patented virus with a vaccine in the works. Here’s

the link to the patent,” one user wrote in a group called United States for Medical Freedom. Another QAnon supporter tweeted: “Big money in vaccines. Who is pushing for people to be vaccinated? Hillary and Chelsea?”

When confronted about his claims, Sather himself took what might be called a “presidential” approach to accusations he might not be telling the truth. “You see how they try to implant thoughts into your head?” he tweeted. “Fear sells.”

On May 20, a joint poll by Yahoo News and YouGov asked respondents: “True or false: Bill Gates wants to use a mass vaccination campaign against COVID-19 to implant microchips in people that would be used to track people with a digital ID.” Twenty-eight percent of US adults replied that they thought it was true. Among Republicans, the figure was 44 percent; among Fox News viewers it was 50 percent. Fear sells.

In the UK, conspiracy theorists were focusing on a different—though no less ludicrous—target.

In February, BBC News reported that social media in the country was being flooded with claims of a link between COVID-19 and 5G mobile data networks. Although rollout of the super-fast network had begun in the summer of 2019, the upgrade had first attracted controversy in January when the White House had suggested that allowing the Chinese technology firm Huawei to be involved risked exposing state secrets to Chinese spies.

By the time Wuhan had been locked down, whispers began to emerge in the UK alleging that outbreaks in the Chinese city and on the *Diamond Princess* cruise ship had been caused by electromagnetic fields created by the 5G network. Others claimed that COVID-19 itself was being used as a cover-up for a 5G-related illness.

The conspiracy theory grew so quickly that Professor Steve Powis, national medical director of NHS England, even felt the need to publicly denounce it, describing anything linking 5G mobile data networks to COVID-19 as the “worst kind of fake news.”

Cabinet Office Minister Michael Gove said that the theory was “just nonsense, dangerous nonsense as well.” The WHO also weighed in, saying, “5G mobile networks do not spread COVID-19. Viruses cannot travel on radio waves/mobile networks. COVID-19 is spreading in many countries that do not have 5G mobile networks.”

Nevertheless, the wild idea not only continued to gain traction, but also turned violent. By April 6, more than two dozen cell phone towers in the UK

had been vandalized or burned down by protestors. Many of them, ironically, were not even 5G towers. There were also at least thirty reported incidents of cell phone and home broadband engineers being violently confronted as they installed or maintained equipment across the UK—including threats of stabbing and even murder.

The following week, on the popular daytime TV show *This Morning*, presenter Eamonn Holmes refused to discount the myth, telling an audience of millions, “What I don’t accept is mainstream media immediately slapping that down as not true when they don’t know it’s not true. No one should attack or damage or do anything like that but it’s very easy to say it is not true because it suits the state narrative.”

At the same time, in the United States, a video made by Thomas Cowan (a holistic medical practitioner on probation with the California medical board), in which he claimed that COVID-19 is caused by 5G and that historical viral pandemics coincided with major developments in radio wave technology, went viral after being recirculated by celebrities including Woody Harrelson and John Cusack.

Holmes was rebuked by the British broadcasting watchdog Ofcom, who said his comments “risked undermining viewers’ trust in advice from public authorities and scientific evidence,” and Cowan’s video was debunked by US scientists and medical experts, but it hardly mattered. As with the Wuhan lab theory, or the Chinese bioweapon theory, or the US bioweapon theory, or the Bill Gates vaccine program theory, the damage was already done—and the truth was being lost.

Why would so many otherwise intelligent people be so eager to believe such patently absurd, immediately disprovable conspiracy theories? The answer may lie in the sheer terrifying scale of the pandemic. When humans cannot explain a tragedy, they tend to want to look for enemies to blame and assign responsibility for the tragedy. The speed and ferocity of the pandemic was unlike anything in living memory—and the idea that the origins of such a destructive force could be so wantonly random was almost more frightening than the virus itself. How much easier to find a hostile agent behind COVID-19, rather than admit the fragility of our place in nature.

Just as it’s human nature to want to find an easy solution to a frightening situation, it is also in some people’s nature to try to turn tragedy into advantage.

Broadcaster Alex Jones, of far-right conspiracy outlet Infowars, seized

upon the pandemic as a handy means of making a quick buck. From the very beginning of the crisis, he began urging viewers to stock up on bulk food products and survival goods sold on his website—some of which, according to a report from watchdog organization Media Matters, had doubled in price as the pandemic reached the United States.

In a February 12 video about “the natural components that can easily be used to combat viral infection,” Jones said, “I am very sad about this virus and very sad about the bioweapons and things that are going on, but it is an opportunity for people to take advantage of the products we have.”

A week later he pitched Infowars bulk food with a video titled “How to Prepare for a Coronavirus Lockdown in the US,” in which he claimed “within about fifteen days, most people become cannibals.”

Allied to the unashamed huckstering were familiar conspiracy theories: during a February 17 broadcast, fellow Infowars host Owen Shroyer claimed COVID-19 was designed by China as part of a plot to invade the United States, and on February 21, contributor Greg Reese claimed “experts tell us the virus was weaponized in a lab, and while nobody disputes this fact, the mainstream media hide it.” The video ended with yet another Infowars Store commercial urging viewers to buy bulk food and other products.

If Alex Jones was looking to use misinformation to turn a cataclysm that would kill some half a million people worldwide into an opportunity, he was not the only one.

Beijing may have lost control of the narrative at the beginning of the outbreak, but in the months that followed they sought to twist the story back to their own benefit. In Britain and the US, Prime Minister Boris Johnson and President Donald Trump had shown few qualms about lying to the world in order to hide their flaws ... but they were only ever learning from the master.

As China struggled to rebuild its image—both domestically and on the world stage—the State instigated a campaign portraying President Xi Jinping as the key figure leading the battle against the pandemic. The formerly reclusive president was suddenly featured in numerous reports and commentaries as personally overseeing the nation’s response to the virus.

Throughout February and March, state broadcaster China Central Television and the front pages of national newspapers repeatedly showed Xi out among his people, wearing a face mask, inspecting disease-control offices, vaccine laboratories, and hospitals treating infected patients.

“Facing the sudden epidemic, under the strong leadership of the Party Central Committee with Comrade Xi Jinping as the core, all front lines across the country have united their efforts and gone all out to show boundless strength to jointly battle the epidemic,” the official news agency Xinhua gushed breathlessly on February 11, going on to describe the president as the

“commander of the people’s war against the epidemic.”

Another Xinhua report insisted, “One message is consistent and crystal clear: People always come first. Xi has stressed putting people’s lives and health as the top priority.”

If President Xi was the man to lead China out of the crisis, the fault for all the early missteps, mistakes, and coverups was naturally not his—but that of incompetent provincial officials with ideas above their stations. Even as Xi was being hailed as the nation’s savior, local officials in Wuhan and Hubei Province were being scapegoated.

On February 10, a wave of sackings in Hubei saw hundreds of senior health officials and local authority figures fired “for breaching work discipline and shirking responsibilities” in combating the virus, according to Xinhua. At the same time, a central government task force summoned Wuhan’s deputy mayor and local party chiefs and ordered them to apologize to their citizens for their “chaotic” handling of the crisis.

State media also announced the replacement of the top Communist Party official in Hubei, Jiang Chaoling, with former Shanghai mayor Ying Yong, and the sacking of Wuhan’s party chief Ma Guoqiang, replaced by a loyalist to Xi, Wang Zhonglin. Speaking to the *South China Morning Post*, a source said the moves were in response to “public anger,” adding ominously, “those who are responsible will be held accountable.”

An editorial by the *Global Times* reinforced the new party line, insisting, “It was the city authorities’ neglect of duty when they were slow to take measures in the face of the epidemic outbreak.” Perhaps most gallingly, in an interview with the BBC, Chinese ambassador to Britain Liu Xiaoming even went so far as to say that the muzzling of original whistleblower Dr. Li Wenliang was not on the orders of Beijing. “It’s not Chinese authorities. It is local authorities,” Liu said.

At the very beginning of 2020, China had attempted to cover up its responsibility for the virus with a campaign of intimidation, censorship, and misinformation. Six months later, with COVID-19 cases worldwide exceeding 8 million and deaths in excess of 450,000, that same Beijing playbook had been used by the leading governments of the West to try to disguise their own disastrous arrogance, incompetence, and lack of leadership.

This refusal of China, the UK, and the US alike to accept responsibility for their actions, and for so many of their citizens’ deaths, had not only shown all three regimes to be rotten at the core, but had fostered a deadly culture of

conspiracy theories and “alternative facts” in which public trust in anything—including science itself—was in danger of being lost.

As the world teetered on the precipice of a catastrophic second wave of infection, science would be its only hope.

CHAPTER ELEVEN

A DEADLY CARNIVAL

“I regret all the dead, but it is everyone’s destiny.”

—Brazilian president Jair Bolsonaro, June 2, 2020

Within six months of Dr. Li Wenliang’s panicked WeChat message, COVID-19 had conquered the world. It struck without fear or favor and held no respect for rank or position, an invisible and deadly threat that crossed borders with impunity and cut through communities with merciless ease. It seemed humankind’s only defense was to lock ourselves away and hide.

But as President John F. Kennedy famously said, “When written in Chinese, the word ‘crisis’ is composed of two characters. One represents danger and the other represents opportunity.” For some world leaders, such as Chancellor Angela Merkel of Germany and Prime Minister Jacinda Ardern of New Zealand, that opportunity had been used to show their quality as compassionate, inspirational, rational statespeople.

For others, the “opportunity” afforded by the COVID-19 crisis was either lost in a mess of mixed messaging and incompetence, or else cynically subverted to selfish political ends.

President Xi Jinping of China, Prime Minister Boris Johnson in the UK, and President Donald Trump in the US had shown that even a pandemic that would kill tens of thousands of their citizens would only ever come second to their own self-serving desire to cling to power. But as the virus continued to spread, another country would emerge as among the most devastated by the disease—and it was led by another man who had risen to power on a surge of nationalism, who used divisions in society to further his own agenda—and who, like Xi, like Johnson, like Trump, refused to ever admit he might be wrong.

He was, if anything, the most nakedly deranged of the lot.

Brazilian president Jair Bolsonaro is a former army captain who had previously been accused of conspiring to plant bombs in military units in Rio

de Janeiro. Following his acquittal of those charges in 1988, he entered politics, first with the right-wing Christian Democratic Party, and then in 2018 with the far-right Social Liberal Party. That same year he ran for president under the slogan “Brazil above everything, God above everyone.”

In his final speech before the election, he told supporters that under his regime, “reds” and “petralhas”—slang names for left-wing supporters—would be “purged” and treated as terrorists. “This time, the clean-up will be even greater,” he claimed. “These red outlaws will be banned from our homeland. Either they go overseas, or they go to jail ... Petralhada, you all go to the edge of the beach. It will be a cleaning never seen in the history of Brazil.” The “edge of the beach,” it was later confirmed by a Bolsonaro aide, was a reference to a navy base at Restinga da Marambaia, in Rio de Janeiro State, where dissidents of the Brazilian military dictatorship had been tortured and killed by the regime.

On January 1, 2019, Bolsonaro was sworn in as the thirty-eighth president of Brazil—perhaps the most nakedly divisive world leader on the planet. A strong opponent of gun control, women’s rights, environmental issues, and immigration who also declared torture to be a “legitimate practice,” he was described by respected American journalist Glenn Greenwald as “the most hateful elected official in the democratic world,” by Rupert Murdoch’s Australian newspaper division as “the world’s most repulsive politician,” and by the British current affairs magazine the *Economist*, in an article headlined “Jair Bolsonaro hopes to be Brazil’s Donald Trump,” as a “radical ... religious nationalist,” a “right-wing demagogue,” and an “apologist of dictators.”

When COVID-19 finally reached South America, that same radical nationalism and dictator-like belief in his own supreme power was to prove calamitous for Brazil.

From the beginning of the crisis, Bolsonaro dismissed any idea of the disease as a serious threat—famously describing it as nothing more than a “little flu.” It was a description he would repeat throughout the coming months, despite all scientific evidence to the contrary.

A study by Imperial College, London, on May 31 showed that Brazil—above all other countries—at that time had the highest rate of transmission for the virus anywhere in the world. As other nations fought to keep the R0 number below 1, their analysis showed Brazil’s to be a terrifying 2.8—with the sprawling cities of Sao Paulo and Rio de Janeiro (home to some 33 million people between them) the main “super-spreader” hotspots. By that date more than half a million cases had been recorded in the country, and nearly 30,000 Brazilians had died from the virus. A week later there would be in excess of 700,000 cases and 37,000 deaths—only the US had more cases, and only the

US and Britain more victims. By mid-June, Brazil would surpass even the UK's death toll.

The *Lancet*, reporting on Imperial College's findings, concluded: "the biggest threat to Brazil's COVID-19 response is its president, Jair Bolsonaro."

A week before the report was issued, the president was asked about the rapidly increasing numbers. He responded, "So what? What do you want me to do?"

Brazil—and Bolsonaro—had plenty of time to prepare for the onslaught.

It took until February 25 before COVID-19 reached the country, when a sixty-one-year-old from Sao Paulo, recently returned from Lombardy, tested positive. By that time the seriousness of the disease was clear—more than 80,000 people across Asia, Europe, North America, Africa, and Australasia had contracted the virus, and 3,000 had died. Wuhan had been locked down for over a month, as were eleven municipalities across northern Italy. Even the British and American governments, who had wasted the time they had been given, had at least acknowledged the presence of COVID-19, even if they underestimated its impact.

But Brazil was in a far more precarious position than perhaps anywhere else in the developed world. Of its 211 million inhabitants, some 13 million live in the favelas—ramshackle, shambolic, shantytown slums sprawling around the edges of big cities like Rio and Sao Paulo. Medical care in the favelas is almost nonexistent, electricity is scarce, and there's often very little access to clean water. Many families live three or more people to a room and with several generations crammed into the same tiny space. In these conditions, precautions such as social distancing, self-isolation, and even basic hygiene are all but impossible.

If the Atalanta versus Valencia soccer game in Milan in February had been a "biological bomb," it was a bomb that affected 44,000 people over an hour and a half. The hills around Brazil's biggest cities were ground zero for a viral explosion that could take out millions. On May 3, an open letter to the government, penned by a global coalition of scientists, intellectuals, and artists, warned President Bolsonaro of an "impending genocide."

The president either wasn't listening or wasn't interested—even going so far as to cast doubt on the very existence of the virus itself, blaming the pandemic on "media hysteria."

It was left to city officials to desperately try to mitigate his folly with measures of their own—under Brazil's system, although the national

government oversees broader issues, individual state and city authorities wield the power to handle regional issues.

In the second week of March, with cases spreading through local communities, they tried to do just that. State governors across the districts covering the cities of Rio, Sao Paulo, Goiania, and national capital Brasilia shut down non-essential shops, businesses, and activities, including sports—but immediately faced opposition from, of all people, the president.

“When you ban football and other things, you fall into hysteria. Banning this and that isn’t going to contain the spread,” Bolsonaro told CNN Brasil on March 15. “We should take steps; the virus could turn into a fairly serious issue. But the economy has to function because we can’t have a wave of unemployment.”

Where other world leaders had been slow to act in order to protect the economy, they had at least tried to pretend they weren’t prioritizing dollars over lives. Jair Bolsonaro, it seemed, had no such qualms. Over the following days scientists, virologists, and epidemiologists from around the world gave a series of stark warnings about Brazil’s precarious position—one showing how the number of infected people in the country was doubling every fifty-four hours, another predicting a worst-case scenario of 2 million deaths unless social distancing and lockdown measures were introduced with immediate effect. Bolsonaro not only dismissed them, but repeatedly hit back with the same argument: the economy could not be sacrificed for the sake of public health.

On March 20, he openly declared that he opposed the closing of shops and market places, calling them “extreme measures” brought in by out-of-control state governors.

Two days later he appeared on the R7 Network’s *Spectacular Sunday* news show and again attacked those trying to enact measures to encourage people to stay at home and halt the spread of the virus. For Bolsonaro, it was not only a plot to damage the economy, but an act of treason against himself. Like Presidents Xi and Trump and Prime Minister Johnson, he also played the “fake news” card—accusing dissenting voices in the media of conspiring against him.

“The people will soon see that they were tricked by these governors and by the large part of the media when it comes to coronavirus,” he said. “It is a shameless campaign, a colossal and absurd campaign against the head of state ... They want to force me out however possible.”

On March 24 he continued the bluster, once again dismissing COVID-19 as a “little flu,” attacking governors and deriding the stay-at-home message. “Our life has to go on. Jobs should be maintained,” he said in a speech broadcast on national television and radio, calling for “a return to normalcy,”

an end to “mass confinement,” and urging people not to listen to the “dread” spread by the media. He also tweeted videos of himself visiting shopping districts in Brasilia and encouraging people to continue working as usual.

With no actual science to back up his assertions—in fact, all of the evidence from Europe, which by that time was almost completely locked down, was showing the exact opposite of his declarations to be true—President Bolsonaro was forced to rely instead on the conspiracy theorists’ technique of presenting wild opinion as indisputable fact.

Asked on March 27 if he feared Brazil could face a situation as severe as the United States, which at that time had 100,000 cases and just over 1,000 deaths, the president gave an extraordinary explanation of why the South American powerhouse would be immune to the virus.

“I don’t think it will reach that point,” he told reporters outside the presidential palace. “Not least because Brazilians need to be studied. They never catch anything. You see some bloke jumping into the sewage, he gets out, has a dive, right? And nothing happens to him.”

For Bolsonaro, Brazil was safe because Brazilians “never catch anything.” He continued, “I think it’s even possible lots of people have already been infected in Brazil, a few weeks or months ago, and have already got the antibodies that help it not to proliferate.”

It only took a further two weeks for Brazil to pass 1,000 deaths, and a further month to reach 10,000 deaths. By mid-June the nation was fast approaching a total of a million cases and 50,000 COVID-19 fatalities.

Still, the president persisted. Challenging the science behind lockdown had become a personal crusade. On April 9 he was pictured barefaced at a local bakery, hugging supporters and posing for selfies, vowing, “No one will hinder my right to come and go.”

His actions prompted respected political commentator Merval Pereira to liken Bolsonaro to “a mystical leader leading his followers to collective suicide.” Health minister Luiz Henrique Mandetta, who had supported local governors shutting down schools and businesses, compared the president to an uncooperative diabetic who refused to follow doctor’s orders not to eat sweets.

Three days later, Bolsonaro summarily sacked him.

“We were clearly on opposite sides,” Mandetta said. “They thought that wouldn’t be more than a thousand [cases]. And I think that we are going to be way over this. I think that Brazil can become one of the highest number of cases in the world.”

Mandetta was replaced by Nelson Teich—who would lose the job just a month later, after criticizing a decree issued by the president allowing gyms and beauty parlors to reopen in May. The position was subsequently given to

Eduardo Pazuello, a Bolsonaro supporter and army general with no previous health experience. He would be joined by one Carlos Wizard Martins, a billionaire Mormon businessman—also with no health experience—who was installed as secretary of science, technology and strategic supplies at the health ministry ... and who immediately called the data reporting COVID-19 cases and deaths “fanciful or manipulated.”

Bolsonaro also suggested that the actions taken by state governors were motivated less by saving lives and more by increasing their budgets, telling the *O Globo* newspaper, “There are many people dying for other causes and public managers, purely interested in having bigger budgets for their towns, their states, were putting everybody as Covid.”

Perhaps most shockingly for a supposedly democratic state, he gave a chilling warning that the government would soon be issuing their own state-sanctioned versions of “official” statistics, saying simply, “We are revising these obits.”

By the end of April, Bolsonaro was barely pretending any more. When told by a reporter that the tally of Brazilian dead had surpassed China’s, he scoffed, “So what? I’m sorry, but what do you want me to do?”

As the rate of infection accelerated, the president’s tunnel vision narrowed still further. No other world leader had so blatantly and unashamedly shown that he valued the economy over human lives, or that the health of his citizens was less important than that of the stock market.

On May 7, with Brazilian COVID-19 deaths poised to exceed 10,000, Bolsonaro issued an official statement again insisting that quarantine measures needed to be relaxed. A week later, after his decree adding beauty salons and gyms to the list of “essential services,” he told journalists, “This story about lockdown, closing everything, that is not the path ... That is the path to failure, to breaking Brazil.” He also posted more videos to his YouTube page showing him shaking hands with supporters and carrying children.

“Are people dying? Oh, yeah—and I feel for them. I feel for them. But there will be more people dying, many many more, if the economy is destroyed by these lockdown measures imposed by governors,” he said.

The following week, the death toll reached 20,000.

What, the world wondered, was behind President Bolsonaro’s extraordinary blindness to the science behind the spread and ferocity of COVID-19? Was it the zeal of “a mystical leader leading his followers to collective suicide”? Was it a kind of narcissistic psychopathy that meant he really did believe dollars to

be more valuable than human lives? Or was he—albeit clumsily—playing another game altogether, inspired by his hero some 4,000 miles north of Brasilia?

While many Brazilians were frightened and appalled by Bolsonaro's stance—in late May, footage emerged of a woman screaming “Murderer!” at the president as he stopped at a hot dog stall in the capital—for others his hardline stance drew a fevered support. From that chaos, Bolsonaro hoped to make political currency.

“I think his strategy is to try to play the blame game, like what Donald Trump is doing in the United States, playing the governors off against the rest of the population,” Anthony Pereira, a professor at the Brazil Institute at King's College London, told the Euronews agency in May. “[It's] so that he can say, if he gets to 2022, and he has the chance for re-election, ‘I know the economy is bad, but that's because of the governors.’”

The president was relying on the most basic ploy of despots throughout history: divide and rule. And it seemed to be working. Not only was a significant proportion of the population agreeing with his anti-lockdown stance—they even began holding rallies to protest against the safety measures.

In May, as new cases of the virus accumulated at a rate approaching 20,000 a day, thousands of Bolsonaro supporters gathered weekly in Brasilia, flooding the roads and parks in the center of the capital, waving flags and banners, blasting on vuvuzelas (a kind of plastic trumpet-cum-foghorn popular with the nation's soccer fans) and chanting “Legend! Legend!” for their leader. Many even came to the city from towns and communities hundreds of miles away, setting up makeshift camps in the parks—all to show solidarity with the man whose policies were killing up to 1,000 Brazilians a day.

There was no social distancing at these events, very few face masks, even less in the way of hand sanitizer. The huge crowds didn't deny the existence of COVID-19 completely—but rather believed it to be “part of a communist plot to undermine the president that includes Chinese and Brazilian communists, in fact anyone who doesn't support Mr. Bolsonaro.”

A Sky News report quoted engineer and social worker Paolo Goncalves Zexerre, a Bolsonaro supporter convinced that the pandemic was part of a communist plot aimed at crippling the Brazilian economy. “They are inflating the number [of deaths] precisely to create panic, to maintain the narratives of lockdown and to break the state,” he said. “I think it's fake. I have demonstrated three times in front of the Chinese embassy. We understand that China is doing this to break the world economy.”

At many of these demonstrations, President Bolsonaro himself would make an appearance, flying in on a military helicopter, walking the lines of his

adoring crowd, shaking hands, kissing babies ... and reinforcing his message that the deadly disease was merely a “little flu,” that Brazilians were genetically superior, that whatever deaths might result were a price worth paying. The demonstrations had become rallies: if you weren’t with the president, you were against him—and by “against him” Bolsonaro included anyone who advocated any of the few measures shown to have been effective against the virus.

“With the example of the president of Brazil, everything is more difficult for us,” Sao Paulo governor Joao Doria said on May 26. “He goes to the streets without masks. A wrong behavior and wrong indication. This is very sad for Brazil and makes everything more difficult for the governors in the states of Brazil.”

According to city officials in Sao Paulo, Bolsonaro’s relentless campaigning was having an effect. In late May they reported that adherence to social distancing rules was waning, with less than half of the city’s population following the shelter-at-home guidelines—compared to more than 60 percent at the beginning of the crisis.

Meanwhile, people continued to get ill and to die—there was no sign that the infection rate was slowing. Horrifying reports began emerging from independent news networks—testimony from overrun hospitals unable to cope with the volume of new admissions, of patients left in corridors, car parks, on the streets outside, gasping for breath; images of ashen-faced gravediggers in protective suits struggling to keep up with demand for new burials; of impromptu militias and “action groups” formed in the favelas, desperate to secure basic necessities like soap, food, or even water, as residents not only battled COVID-19, but starvation. One CNN report of May 21 showed helicopter footage of the countryside outside Sao Paulo, where thousands of mass graves had been prepared for the city’s poorest victims.

The reports were profoundly embarrassing for the president. And so he once again turned to the totalitarian playbook. If Bolsonaro couldn’t control the disease, he would at least try to control the data.

On June 5, the president ordered the health ministry to stop releasing its total numbers of COVID-19 cases and deaths, as well as to wipe the official ministry site clean of swathes of data. When the site came back online the following day, it no longer showed those figures, nor the numbers of cases under investigation or even the numbers of recovered cases.

“The authoritarian, insensitive, inhuman and unethical attempt to make those killed by Covid-19 invisible will not succeed,” said Alberto Beltrame, president of Brazil’s national council of state health secretaries. “We and Brazilian society will not forget them, nor the tragedy that befalls the nation.”

Supreme Court judge Gilmar Mendes was also scathing of the action,

tweeting: “The manipulation of statistics is a manoeuvre of totalitarian regimes. The trick will not exempt responsibility for the eventual genocide.”

Bolsonaro himself was unrepentant, declaring that the move was not censorship or an attempt to disguise the true scale of the tragedy, but rather that the data was “adapted” and the information “evolved,” because it did not “portray the moment the country is in.”

Like Prime Minister Boris Johnson and President Donald Trump—whom he idolized—Jair Bolsonaro had risen to power on a wave of nationalism and deep division. Like Johnson and Trump, his reaction to the threat of COVID-19 had been fatally slow, and like them, his first instinct was to protect the economy above all else.

Where the leaders of the US and the UK had come to realize the terrible implications of that policy, however, and so redirected their energies into trying to exonerate themselves from it, the Brazilian president instead doubled down on his losing hand. Bolsonaro, it seemed, was determined to ride his bet until the bitter end, no matter how many innocent Brazilian lives he took with him.*

* Between the writing of this book and its publication, President Bolsonaro was himself to contract the virus, in July 2020. Thanks to access to the state’s best healthcare, he made a full recovery.

CHAPTER TWELVE

POWER, CORRUPTION, AND LIES

“According to surveys conducted on behalf of the University of Oxford’s Reuters Institute by YouGov, less than half of Britons now trust the Westminster government to provide correct information on the pandemic—down from more than two-thirds of the public in mid-April. ‘I have never in 10 years of research in this area seen a drop in trust like what we have seen for the UK government in the course of six weeks,’ said the institute’s director, Rasmus Kleis Nielsen.”

—*The Guardian*, June 1, 2020

By late spring of 2020, the UK was in a strange place. Six weeks after Prime Minister Boris Johnson announced his lockdown of the country, some 200,000 people had tested positive for COVID-19. At least 30,000 British citizens had died from the virus—other estimates put the figure closer to 50,000. Several senior government figures had been forced to resign over breaking their own lockdown rules; Johnson himself had been admitted—and then discharged from—intensive care with the disease; and there was widespread criticism of the government’s reaction to the crisis from across the scientific community.

Yet the prime minister was declaring his campaign a “success,” with the majority of the British press apparently agreeing with him. As we have already seen, so did the British public: the official YouGov polls for that time showed Downing Street’s handling of the pandemic had a whopping 68 percent approval rating.

Six weeks later, the same survey would tell a very different tale.

On June 8, YouGov published their updated figures on the percentage of people in countries across the world who thought their governments were

handling the COVID-19 crisis “very” or “somewhat” well. The numbers for the UK were the lowest in the world, with just 41 percent of the population believing Boris Johnson’s administration to be doing a good job. Not only that, it seemed the British people no longer even believed what their politicians were telling them: YouGov’s report concluded that the government was now “widely seen as a source of concern over false or misleading information.”

In a month and a half, Downing Street had lost the country. What happened over those six weeks to cause such a dramatic collapse in trust in the government?

The first big change came on May 10. That evening, in another live address to the nation, the prime minister set out a “roadmap” for guiding the UK out of lockdown. Depending on the right conditions, he said, schools, businesses, even restaurants and pubs could all be open again by July. He also announced two changes that would be happening that week.

First, he encouraged more people to return to work, declaring, “We said that you should work from home if you can, and only go to work if you must. We now need to stress that anyone who can’t work from home, for instance those in construction or manufacturing, should be actively encouraged to go to work.”

There was no specific detail on who exactly should or should not return to work, nor even a definitive day on which to do so. And for those with young children to home school, or who might be worried about leaving the house when there were still 4,000 new cases being recorded every day, he simply insisted, “People ... should talk to their employers about returning this week and the difficulties they may or may not have. We will count on employers to be reasonable.”

Second, the prime minister announced that the previous rule allowing people to leave their house only for essential journeys or for one exercise activity per day was to be relaxed. “From this Wednesday, we want to encourage people to take more and even unlimited amounts of outdoor exercise,” he said. “You can sit in the sun in your local park, you can drive to other destinations, you can even play sports but only with members of your own household.”

He also unveiled a new slogan. Until then, the government’s message had been “Stay home, protect the NHS, save lives,” written on a yellow background with red chevrons. That had been dropped, replaced by “Stay alert, control the virus, save lives.” The red chevrons were now green.

The new measures—and the new slogan—immediately attracted criticism. Describing the entire broadcast as “an unholy shambles, a near-cessless demonstration of cack-handed inadequacy,” influential website [politics.co.uk](https://www.politics.co.uk)

said, “The government changed the ‘stay home’ slogan to ‘stay alert,’ a phrasing which had no obvious meaning whatsoever, and which then had to be explained by a statement which suggested, among other things, that people should ‘stay alert by staying at home as much as possible.’ So it meant nothing unless it might also mean the other thing which it had just replaced.”

There was also concern that along with ditching “Stay at home,” the change in color scheme from red to green was effectively a message that the lockdown was over—if red means stop, green means go. Was this simply poor graphic design, or a subliminal nudge back toward the herd immunity tactic?

First Minister of Scotland Nicola Sturgeon said Scotland would continue to use the “stay home” message, tweeting: “It is of course for him to decide what’s most appropriate for England, but given the critical point we are at in tackling the virus, #StayHomeSaveLives remains my clear message to Scotland at this stage.”

She was joined by the Welsh government and the Northern Ireland executive in rejecting Downing Street’s new messaging; both said they would stick with the current “stay at home” advice for citizens. Adam Price, leader of the Welsh Plaid Cymru Party, described the new messaging as “confusing and dangerous,” adding, “You cannot stay alert to something you can’t see. The UK government has cut itself adrift of the three-nation approach which now exists between Wales, Scotland and Northern Ireland. There is no clearer and simpler message than ‘stay at home.’”

It later emerged that the government’s two top scientists, Chris Whitty, the chief medical officer for England, and Sir Patrick Vallance, the government’s chief scientific adviser, were not asked to approve the controversial new message ... and that, even more bizarrely, the Department of Health and Social Care—which Whitty advises—was not involved in the new messaging at all, with the slogan instead developed by the prime minister and the Cabinet Office.

Remarkably, Professor John Drury, a member of the Independent Scientific Pandemic Influenza Group On Behaviours (SPI-B), later revealed the group had not even been consulted by the government. “Who is advising on the current messaging? Unfortunately it’s not us,” he said, also criticizing the “stay alert” message as “too vague.”

It was not just the new slogan that left people confused. Prominent businessmen, union officials, politicians, and even the police all issued statements criticizing or contradicting the prime minister’s new edicts.

Richard Burge, chief executive of London Chamber of Commerce and Industry, immediately told employers in the capital to disregard the rule changes: “Having heard the prime minister this evening, my strong and unequivocal advice to London businesses is not to change your plans for

tomorrow,” he said. “You have not been given sufficient information on how to get your employees safely to work, nor how to keep them safe while they are there.”

Frances O’Grady, general secretary of the Trades Union Congress, described the speech as “a recipe for chaos” without proper safety measures being in place. “Lots of working people will feel confused and anxious after listening to Boris Johnson,” she tweeted. “Govt still hasn’t published guidance on how workers will be kept safe. So how can the PM—with 12-hours’ notice—tell people to go back to sites and factories? It’s a recipe for chaos.”

London mayor Sadiq Khan also encouraged Londoners not to go back to work: “I want to be as clear as possible with Londoners—social distancing measures are still in place. Lockdown hasn’t been lifted and we all still need to play our part in stopping the spread of COVID-19. You must still stay at home as much as possible and keep a safe two-meter distance from other people at all times when you are out. Everyone must continue to work from home if they possibly can. You must not use public transport for any unnecessary journeys. If you really have to travel, please avoid rush hour. Please walk or cycle whenever possible.”

As for the rule change that would allow people to take “unlimited amounts of outdoor exercise,” the Police Federation of England and Wales warned that they—and the public—were left in the dark about what was now allowed. “What we need from the prime minister and the government now is clear and unambiguous messaging and guidance, explaining what exactly is expected of the public, so that my colleagues can do their level best to police it,” their statement read. “Police officers will continue to do their best, but their work must be based on crystal clear guidance, not loose rules that are left open to interpretation—because that will be grossly unfair on officers whose job is already challenging. If the message of what is expected of the public is not clear then it will make the job of policing this legislation almost impossible.”

Boris Johnson was blowing it. His attempt to prepare the country for the next stage of the pandemic and a cautious route out of lockdown was—at best—a muddle of vague half-science and unclear messaging. It left politicians, police forces, and employers confused about what their roles were, and the people of Britain bewildered as to what they were or were not allowed to do.

At worst it was an unconscionable encouragement to break the lockdown, a return by the back door to the government’s initial disastrous “herd immunity” strategy. Why else ditch the “stay at home” slogan and make the shift from red to green on the messaging?

The UK’s precarious lockdown had never felt flimsier. What happened next would all but destroy it completely.

Twelve days after Boris Johnson's address to the nation, a story broke that Dominic Cummings, the prime minister's closest adviser and the man alleged to have said "Herd immunity, protect the economy, and if that means some pensioners die, too bad," had broken the previous lockdown rules he had helped create. What should have been a brief scandal, quickly dealt with by means of an apology and a resignation—as had happened with Professor Ferguson on May 6, just two weeks previously—instead became the single most important factor in Britain's dramatic loss of trust in Johnson's government, and perhaps even the catalyst for a deadly second wave of infections.

On the face of it, the facts were simple, an open and shut case. On Friday, May 22, the *Daily Mirror* and *Guardian* newspapers revealed that Cummings had left London with his wife and child at the end of March while at least one of them was showing symptoms of COVID-19, traveling 260 miles north to stay at his parents' estate in County Durham. The government's instructions at that time had been clear—people were not allowed to visit relatives or second homes, and anyone displaying symptoms was to self-isolate at home with their family for at least fourteen days. By traveling to Durham, Cummings had not only flouted both of these rules, he had also potentially taken the virus from London—a COVID-19 hotspot—to an area with fewer incidences of the disease.

The following day, much of the country assumed Dominic Cummings would hand in his resignation. Not only did he not do that, he also failed to apologize. And Downing Street backed him all the way.

The prime minister stated that his adviser's "actions were in line with coronavirus guidelines. Mr. Cummings believes he behaved reasonably and legally." Throughout the day, senior ministers publicly declared their support for Mr. Cummings on Twitter, all repeating the party line—that Cummings had taken his family north to secure childcare in the event both he and his wife became more seriously ill ... despite it emerging that they had close family and friends within walking distance of their London home.

By Sunday further claims came to light—that Cummings had not in fact self-isolated on his father's estate at all, but had taken at least two further trips with his family while there, one to local beauty spot Barnard Castle, and another to walk in woods famed for their bluebells, the flowers that symbolize gratitude and humility. And still the prime minister backed him, telling reporters, "I think he followed the instincts of every father and every parent. And I do not mark him down for that."

Boris Johnson had fatally misjudged the mood of the nation. Social media

was ablaze with calls for Cummings's resignation, thousands of people wrote angry letters to their MPs, and news reports showed footage of crowds shouting abuse at Cummings outside his home. Senior figures across the political spectrum demanded he go, with some of Johnson's own Conservative MPs even resigning themselves in protest. After two months in which the British public had largely followed the lockdown rules to the letter, often enduring immense hardship and heartache as a result, unable to visit sick or dying relatives, care for loved ones, or even attend funerals, the revelation that these same rules somehow didn't apply to those closest to the prime minister ignited fury.

The rage only increased after Cummings gave a press conference himself, supposedly to explain his actions and "draw a line under the matter." Speaking to reporters in Downing Street's Rose Garden, he gave what can only be described as a rambling, confusing, and at times laughably unbelievable account of his movements, at one point claiming that one of his family day trips while supposedly self-isolating in Durham was to test his eyesight.

He also, crucially, again refused to apologize.

"I don't regret what I did. I think reasonable people may well disagree about how I thought about what to do in the circumstances, but I think what I did was actually reasonable in these circumstances," he said. "The rules made clear that if you are dealing with small children that can be exceptional circumstances. And I think that the situation that I was in was exceptional circumstances and the way that I dealt with it was the least risk to everybody concerned if my wife and I had both been unable to look after our four-year-old."

The rules concerning "exceptional circumstances" that Cummings referred to were for children at risk of abuse or domestic violence.

Cummings would face no punishment for his actions, despite the public outrage. And after the government confirmed that penalty fines imposed on other families "travelling for childcare purposes during lockdown" would still stand, the anger spread to Boris Johnson's administration itself. "One rule for them, one rule for us" became the UK's new unofficial COVID-19 slogan.

A YouGov survey after Cummings's press conference found that 71 percent of people thought he had broken lockdown rules and 59 percent thought he should resign. Seventy percent thought it would make it harder for the government to get future messaging across to the public.

The last weeks of May saw the UK bask in near-unbroken sunshine and record spring temperatures—and with it, the collapse of any meaningful lockdown.

The double whammy of the changed messaging and the hypocrisy of

Dominic Cummings had the effect of inspiring a kind of “who cares any more?” attitude among many Britons. “If those in charge can do what they like and get away with it, then why should we follow the rules?” one commentator tweeted.

On May 31, a De Montfort University survey of 1,201 people found that the number of Britons flouting social distancing guidance because they didn’t agree with the rules had more than doubled since the Cummings story broke. That survey was backed up by mobility data from Apple—on May 13, the number of users searching online for driving directions was just 55 percent of what it had been in January. By May 29, it had soared to 84.43 percent. Likewise, those searching for walking directions went up from 50.92 percent on May 13 to 79.38 percent by May 30.

“If you lose trust, it undermines adherence, and if people stop adhering to the restrictions that we need to put in place to deal with the pandemic, then inevitably infections will increase, and inevitably that will lead to more fatalities,” Stephen Reicher, a professor of psychology at the University of St Andrews and a member of SPI-B, told *Wired* magazine. “We can argue till the cows come home about what [Cummings] actually did. What is a stone-cold hard fact is in the impact it has had. The notion of ‘a law for them and a law for us’ is about the clearest way that you can violate that bond of common identity and that bond of trust between the public and the authorities.”

While the prime minister was desperately trying to save the political career of his closest adviser, the scientists’ concern was that doing so meant effectively sacrificing the lives of potentially thousands of British citizens.

“Obviously the fear is people are less adherent to the rules, if they’re less adherent to the rules, the virus transmits more rapidly, R could then tip back over 1 and we’re back into an escalating pandemic, with avoidable illness and suffering and avoidable deaths,” Susan Michie, a professor of health psychology at University College London and also a member of SPI-B, told *Wired*.

She continued, “A lot of the public anger was because of exceptionalism—because of making an exception for this one individual. To be given a slot on television, which is akin to the sort of slot that the prime minister would take, and to be given a Downing Street venue to do it in, really seemed to be repeating the same mistake of ‘one rule for them and one rule for him.’”

The last weeks of May had been disastrous for Boris Johnson—and disastrous for the UK. Confusing changes to lockdown messaging, followed by a scandal

that smashed any idea in the public mind that the country was “all in it together,” had undone all of the prime minister’s appeals for a “Blitz spirit” to see the country through the COVID-19 crisis. And with new reported cases still topping 2,000 a day and new official daily deaths from the disease anything between 200 and 400, the government needed to regain control—and public trust—fast.

On May 20, the prime minister announced what he said would be a “world-beating” program to trace anyone suspected of having been in contact with people who had tested positive for the virus—and it would be up and running by the end of the month. “We have growing confidence that we will have a test, track and trace operation that will be world-beating and yes it will be in place by June 1,” Johnson told Parliament.

It was to be—like the earlier promises to deliver 100,000 COVID-19 tests a day by the end of April—yet another example of bluster, spin, and incompetence.

Immediately following the prime minister’s announcement, 25,000 “highly trained contact tracers” were recruited to make the “world-beating” program a reality. On May 30, writing anonymously in the *Guardian*, one such contract tracer described his work.

“We’re not highly trained—we’ve been sitting around doing nothing,” he wrote, describing much of his day as “watching Netflix or playing games online.”

After his first week’s “training,” he said, “I had clocked up 40 hours of key worker pay for doing absolutely nothing ... To this day I remain a ‘key worker,’ paid £10 an hour to sit in a chatroom—alone, lost, without support or help.”

The article ended with the author concluding that his conscience simply did not allow him to continue with the sham. “Motivated as I am to help out during this difficult time—and after two weeks of doing ‘pretend’ work on the track-and-trace programme—I have decided to quit and try to find a real way to help people.”

After the program’s first week in operation, figures showed that some 15 percent of people identified by the system were uncontactable—mostly because they simply refused to respond to texts, emails or calls from the tracers. One-third of those who had tested positive for the virus did not give details of close contacts at all.

The head of the program was Baroness Dido Harding, who also holds a board position at the Jockey Club and was part of the executive committee who gave the go-ahead for the Cheltenham Festival, which saw 250,000 people come together in a “biological bomb” days before the initial lockdown. She said the system was “working well” but it “can, needs to and will get

better.”

On June 5, the press reported that the “world-class” system was not expected to get better until at least the autumn. A leaked video of chief operating officer Tony Prestedge emerged in which he admitted to staff that the program was “clunky” and an “imperfect service at launch” but should “improve over time,” operating at the prime minister’s promised world-class level “towards the September or October time.”

Over the following weeks, as the government made a series of further confusing announcements—that schools would be opening and then that schools would not be opening, that pubs would be reopening and then that they would not be reopening, that children could now visit their grandparents, but not both sets of grandparents, and not both grandparents at the same time—the sense that this was an administration that had completely lost its way was impossible to escape. “It’s a bit of a shambles,” one government source told the *Mirror*. “Nobody can quite agree what to do and when to do it. Somebody comes up with a bright idea, but the practicalities get in the way.”

On June 3, leader of the opposition Labour Party Sir Keir Starmer appealed to the prime minister to “get a grip and restore public confidence in the government’s handling of the epidemic.”

He said, “If we see a sharp rise in the R rate, the infection rate, or a swathe of local lockdowns, responsibility for that falls squarely at the door of No. 10. We all know the public have made huge sacrifices. This mismanagement of the last few weeks is the responsibility of the government ... I’m deeply concerned the government has made a difficult situation 10 times worse.

“There is a growing concern the government is now winging it. At precisely the time when there should have been maximum trust in the government, confidence has collapsed.”

Even the government’s own scientific advisers were deserting Johnson—or worse, being dropped altogether when they didn’t toe the party line. After senior health official Jonathan Van-Tam criticized Dominic Cummings’s lockdown-breaking jaunt to Durham, saying, “In my opinion the rules are clear, and they have always been clear. In my opinion they are for the benefit of all. In my opinion they apply to all,” he subsequently failed to appear at any further press briefings alongside the government.

Two days later, England’s chief nurse Ruth May was also dropped from the briefings after she refused to publicly back Cummings’s actions.

The *Independent* newspaper quoted a senior NHS source: “A No. 10 spad [special adviser] asked her directly how she would answer the Dominic Cummings question and she refused to play along and told them she would answer the same way as Jonathan Van-Tam. She was dropped immediately from the press briefing.”

Another added, “Everyone is being asked to support the government positions prior to doing a press conference. If they don’t, they get dropped.”

Analysis of the daily press briefings by the same newspaper found that while between mid-March and the end of May the government’s briefings had featured at least one and often two scientific or medical experts alongside ministers each day, after the Cummings scandal that figure fell to an average of just one every other day.

Ditching experts who insist on speaking the truth and muzzling scientists who refuse to repeat government spin—in Beijing, this might be called censorship. Insisting that faulty systems and half-baked, on-the-hoof policies are in fact “world-beating” despite all evidence to the contrary—in Beijing, this might be called propaganda. Protecting the powerful party hierarchy no matter what the cost to ordinary people—in Beijing, this might be called corruption.

Over six turbulent weeks in May and early June, the UK had recorded 100,000 further new cases of COVID-19 and had seen at least 10,000 more of its citizens killed by the virus. At a time when public trust in the government had never been more important, the arrogance, self-interest, incompetence, and outright mendacity of Boris Johnson’s administration had meant that same public trust had plummeted to a record low. As the YouGov poll of June 8 showed, no other country in the world was handling the crisis worse, according to the British people themselves.

The government had been exposed not only as endemically corrupt, and as shameless liars, but also as criminally inadequate to the task of steering the country safely through the crisis, with a prime minister more concerned about protecting his closest ally than with saving British lives.

On June 12, the Office for National Statistics released the UK’s latest official gross domestic product (GDP) figures. They showed that the British economy had fallen off a cliff, dropping 5.9 percent in March and a further 20.4 percent in April, the first full month of lockdown. It was the biggest economic collapse in the country’s history, and was expected to be repeated when the figures for May were released.

From the very start of the outbreak, Prime Minister Boris Johnson—advised by Dominic Cummings—had sought to protect the economy above all else, “and if that means some pensioners die, too bad.” His catastrophic handling of the COVID-19 crisis had not only meant more British citizens dying of the virus between March and June 2020 than had been killed in nine

months of nightly blanket bombing by the Luftwaffe in World War II; it had not only demolished any will to observe official lockdown rules just as the threat of a second wave of infections loomed; it meant he had not even managed to do the one thing he set out to do in the first place: to keep the economy afloat. Whichever way you looked at it, it was a disaster. And history would not forget it.

CHAPTER THIRTEEN

ENDGAME

“The Federal Reserve is wrong so often. I see the numbers also, and do MUCH better than they do. We will have a very good Third Quarter, a great Fourth Quarter, and one of our best ever years in 2021. We will also soon have a Vaccine & Therapeutics/Cure. That’s my opinion. WATCH!”

—President Donald Trump, Twitter, June 11, 2020

“THOSE THAT DENY THEIR HISTORY ARE DOOMED TO REPEAT IT!”

—President Donald Trump, Twitter, June 11, 2020

On June 12, the number of American civilians killed by COVID-19 officially passed the tally of US soldiers who fell in the entirety of the First World War. In barely 100 days of the spring of 2020, 116,825 Americans had lost their lives—accounting for more than a quarter of all fatalities from the virus across the world. In New York City alone, approximately one of every 391 residents had died of the disease.

On that same day, President Trump hosted a dinner for New Jersey governor Phil Murphy at his Bedminster golf club in which he pushed for the state to reopen non-essential businesses and relax social distancing rules. Later that night, he sent a series of tweets about a rally he was to hold the following Saturday—his first such event since the virus had hit the United States.

If the president was concerned about the horrific death toll on his watch, he didn’t show it. Nor did he appear worried about the 20,000 new cases of the virus still being recorded every day in his nation, nor the 700 daily new deaths.

On the contrary, he was already talking about COVID-19 in the past

tense. In a speech on June 5, he had praised US “strength” in prevailing against the virus—with typical emphasis on the economic successes of his pre-COVID-19 presidency. For Donald Trump, at least, the pandemic was over.

“We had the greatest economy in the history of the world,” he claimed. “And that strength let us get through this horrible pandemic, largely through. I think we’re doing really well.

“We had the most people working in the history of our country—almost 160 million people. We were never even close to that. So we had things that were—we were doing so well. And then it came in. But we’re going to be back there. I think we’re going to actually be back higher next year than ever before.

“It’s sort of like when you go in for an operation—if a person is healthy—healthy—we were healthy. We had the greatest economy in the world. We went in for an operation. We closed our country down. We closed it down. We saved, possibly, two million, two and a half million lives.”

He also once again dismissed the tens of thousands of new cases being recorded every day as apparently not “real” cases of the virus at all, but simply a statistical by-product of testing, saying, “And, by the way, when you do more testing, you have more cases. We have more cases than anybody because we do more testing than anybody. It’s pretty simple.”

Over two million US citizens had been diagnosed with COVID-19 since January—but now the president had other things on his mind. One hundred thousand American dead was not a good look in an election year, and he very much wanted the crisis to be over so that he could get back to campaigning for a second term.

Trump’s daily televised press briefings had stopped at the end of April, and by June the White House coronavirus task force, headed by Vice President Mike Pence, was only meeting once or twice a week, with no public briefings at all. According to a report in the *Los Angeles Times*, the task force had also scaled back their contact with state and local officials to “one or two calls a week.” Speaking to that paper, Dr. Jeffrey Koplan, a former director of the Centers for Disease Control and Prevention, said, “Suddenly, the screen went blank ... they think that the risks are over, that’s dead wrong,” adding that the Trump administration had apparently decided “politically it’s better for them not to engage in this pandemic.”

This apparent COVID fatigue in the White House was being mirrored by some citizens across the United States—especially in areas that had until then avoided the worst of the outbreak. Public attitudes to the stay-at-home orders and social restrictions were beginning to fracture, and now, the president figured, was the time to push for the lockdown to end and to get the economy

moving again.

In mid-April Dr. Fauci had warned, “You don’t set the timeline, the virus does.” But with unemployment soaring and the threat of recession destroying his “strong economy” election strategy, the president needed to get people back into society, earning money, making money, spending money, if he was to stand a chance of winning in November. If that meant pretending that the war against COVID-19 was over—and that the United States had beaten the disease—then so be it.

“And now we’re opening, and we’re opening with a bang,” he told reporters on June 5. “So we want the continued blanket lockdown to end for the states. We may have some embers or some ashes or we may have some flames coming, but we’ll put them out. We’ll stomp them out. We understand this now. We’ll stomp them out and we’ll stomp them out very, very powerfully.” Then he added, with extraordinary disingenuousness, “We’ve made every decision correctly.”

President Trump’s decision to pressure state governors to reopen their economies was also made with an eye on his support base. In many towns and cities across the American heartland, anti-lockdown demonstrations had been taking place since April—most often, and most loudly, in Democratic-governed states. A common feature of these gatherings had been the large number of people present waving Trump 2020 flags and wearing “Make America Great Again” baseball caps.

On April 27, the BBC reported from one such demonstration in Washington State. “We believe that the state governor has gone beyond his constitutional authority in shutting down businesses and ordering people to stay at home,” organizer

Tyler Miller told the network, adding that he was angered by what he called the un-American overreach of power by the Democrat governor. “The state constitution says that the right of the people to peaceably assemble shall never be abridged. We believe that the [emergency COVID-19] proclamations that the governor here ordered violate that.”

Those views were echoed by many Republican politicians. North Dakota Republican state representative Rick Becker said that “the hysteria that surrounded the coronavirus from the beginning was disproportionate. There was an overreaction by state governments with regard to mandatory shut downs, shelter in place, and so forth.

“You’re taking the ‘if it saves just one life’ argument, and I would say that

if I would drive 20 mph instead of 50 mph, it's possible that I might not kill somebody, and you can look at all aspects of our lives that way. But our whole way of life in this country would collapse and we can't live life that way."

If the president was using war rhetoric to describe a nation united in fighting the virus, the very measures used to actually do the fighting were themselves causing division. By June, COVID-19 restrictions had become a political issue.

"Governors, I don't know why they continue to lock down," the president said in his June 5 speech. "Because if you look at Georgia, if you look at Florida, if you look at South Carolina, if you look at so many different places that have opened up—I don't want to name all of them, but the ones that are most energetic about opening, they are doing tremendous business. And that—this is what these numbers are all about.

"And you have to remember one other thing very importantly: I think it's extremely important for you to remember that many of our states are closed or almost closed. Some of the big ones—New York, New Jersey—they'll start; they're starting now to get open, I hope."

Georgia, Florida, South Carolina—the states the president praised for being "energetic about opening"—were all Republican-run. New York and New Jersey, described as "closed," were Democrat.

In fact, every one of the governors who did not impose stay-at-home orders belonged to the president's party. The United States' response to the pandemic had become anything but united—it was nakedly, unashamedly partisan.

Speaking to the BBC, Theda Skocpol, author and professor of government and sociology at Harvard University, said that many of the people and politicians protesting the continued lockdown were taking their cues from the president. "I think most of the people at the protests are just passionate Donald Trump supporters," she said. "Donald Trump is really not all that secretive about what he's thinking, he sort of says it. I think that there's a lot of evidence that he's worried that this terrible pandemic and his handling of the early stages, combined with the economic impact, could sink his presidency.

"You can't expect him, his party and those who support him to sit back and take that lightly, so what is plan B or C? It is to go from blaming Obama, the Chinese, the WHO, to now blaming those who are leaving restrictions in place."

Like Brazilian president Jair Bolsonaro, Donald Trump was trying to play both ends at once. The failing economy would be the fault of Democratic state governors imposing needless COVID-19 lockdowns ... and the credit for the

“millions” of lives saved by those same restrictions would naturally belong to him.

With less than five months to the election, President Trump desperately needed to give his supporters the impression that the virus had been beaten and that a return to their normal lives was imminent. What better way than with a rally?

For months Trump had been deprived of the one thing he loved the most about being president of the United States—raucous evenings on a podium in a MAGA cap, hearing thousands of his most fanatical supporters chant his slogans back at him. Instead, he had been forced to endure the boring, technical side of governing during a crisis, dealing with scientists and medical experts whose work he did not understand, suffering endless meetings about PPE supplies and ventilator production, facing daily questions about the mounting numbers of the sick and dying.

The day-to-day business of being president is intensely boring to a man like Trump—what he thrives on, what drives him and gives him energy, is the roar and adulation of a campaign crowd.

President Trump’s first rally since March 2 was to take place on June 20 (the original date of June 19 was changed after it attracted criticism for coinciding with the holiday commemorating the end of slavery in the US) at the 19,000-seat BOK Center indoor arena in Tulsa, Oklahoma—with further rallies scheduled to follow in Alabama, Arizona, Florida, and North Carolina. At his last-but-one rally, on February 28 in South Carolina, the president had described the emerging COVID-19 threat as the Democrats’ “new hoax” and said that the virus “starts in China, bleeds its way into various countries around the world, doesn’t spread widely at all in the United States.”

Three and a half months later, with more than 100,000 Americans dead of the “new hoax,” he was to stage the first mass participation event indoors anywhere in the world since the start of spring, cramming nearly 20,000 men and women together in a hot arena for hours, in what could only be described as yet another biological bomb.

The campaign team insisted that temperatures of attendees would be checked, and that hand sanitizer and face masks would be offered to all. But the president’s senior campaign adviser (and daughter-in-law) Lara Trump admitted that actually wearing the masks would not be compulsory. “Everybody has a choice. Nobody is being forced to sign to come up to this rally,” she said. “This is a record-setting response that we have gotten to this

and I think it speaks to the fact people are ready to get back to life.”

Naturally, Lara Trump was not prepared to put her money where her mouth was: in order to get a ticket, attendees had to sign a waiver pledging not to sue the Trump campaign if they were to catch any virus as a result of attending.

“What he’s doing in Tulsa is criminal endangerment,” Dr. Jonathan Reiner, a cardiologist and professor of medicine at George Washington University, told CNN on June 16. “He’s intentionally exposing people to the risk of acquiring a deadly virus just for a photo op.”

In Tulsa itself, public health officials expressed concern that holding such a rally at that time was wildly irresponsible. “I wish we could postpone this to a time when the virus isn’t as large a concern as it is today,” said Tulsa city-county health department director Bruce Dart.

“I think it’s an honor for Tulsa to have a sitting president want to come and visit our community, but not during a pandemic. I’m concerned about our ability to protect anyone who attends a large, indoor event, and I’m also concerned about our ability to ensure the president stays safe as well.”

COVID-19 cases had actually risen in Oklahoma during early June, with a new high in daily increases for the state and for Tulsa county recorded on June 13, one week before the rally.

Not that the president was going to let that get in the way of his best chance of getting his election campaign back on track. “Oklahoma has done very well, I just spoke to the governor, he’s very excited about it,” Trump told reporters on June 15, as cases in the state continued to increase. “They’ve done really fantastic work.”

His confidence was echoed by James Lankford, a Republican senator from Oklahoma, who insisted the spike in cases was merely “a little bit of a bump.”

The American president was done with the virus. The problem was that the virus was not done with America.

The man who had proclaimed throughout January and February that “we have it totally under control,” that it “looks like by April ... it miraculously goes away,” that “one day, it’s like a miracle, it will disappear,” and that “as far as what we’re doing with the new virus, I think that we’re doing a great job”—and then watched impotently as over 2 million of his citizens became infected—had apparently not learned from his own sorry history, and so seemed doomed to repeat it.

Even as the president pushed for the scrapping of lockdown restrictions

and planned a wave of mass rallies, new cases of the virus began climbing again.

In the weeks leading up to the Tulsa rally, according to tracking data from the Associated Press, over twenty states across the country saw increases in COVID-19 infections. As well as Oklahoma, greater numbers of people were falling ill in Texas, Florida, Kentucky, Georgia, Louisiana, North Carolina, Arizona, Tennessee, Alabama, South Carolina, Missouri, Utah, Arkansas, Nevada, Oregon, Idaho, Vermont, Wyoming, Alaska, Hawaii, and Montana. These included spikes of more than 200 percent in Arizona and more than 180 percent in Kentucky. Texas, which had recently put into operation Stage Three of its reopening plan—allowing religious services, youth camps, and recreational sports programs “without occupancy restrictions”—reported three straight days of record-breaking COVID-19 hospitalizations, up 42 percent since Memorial Day.

In Alabama, which began reopening in May, more than a quarter of the state’s 23,000 cases came in the first two weeks of June; in Arkansas, both hospitalizations and active cases had doubled since May 25, with its largest one-day increase in new cases occurring on June 12. Republican governor Asa Hutchinson insisted he would nevertheless press ahead with easing virus restrictions, saying: “Regardless of what we see in the next week, we made the right decision to go ahead and lift some of these restrictions so we don’t cause more damage to people’s lives and their livelihood.”

And just eight days before the president’s 19,000-capacity BOK Center blowout, health officials in Oklahoma warned that the spike in cases in Tulsa itself had been linked to two recent indoor gatherings—and that people planning to attend such events should take health precautions. Somewhat strangely, Tulsa Health Department spokesperson Leanne Stephens insisted the warning was “unrelated” to Trump’s rally.

Once again, the science was clear. In states across the US that had heeded the president’s call to lift restrictions, relax social distancing rules, and reopen the economy, COVID-19 was back, moving through communities, infecting greater numbers of people, and causing more hospitalizations. The virus was not going to magically disappear just because President Trump wanted it to.

In the first week of June, virus modeling from the Institute for Health Metrics and Evaluation at the University of Washington, whose previous models were often cited by the White House early in the pandemic and which was featured on the US Centers for Disease Control and Prevention website, predicted 170,000 US deaths from COVID-19 by October 1. On June 15, they revised that number upward: now their projection was that at least 201,000 would be killed by the end of September—and possibly as many as 269,000.

Dr. Ali Mokdad, an epidemiologist at the institute, said that the spikes

would come in areas that had largely escaped a heavy death toll to that point, laying the blame firmly on the easing of restrictions and an attitude—encouraged by the White House—that the virus was no longer a real threat.

“Increased mobility and premature relaxation of social distancing led to more infections and we see it in Florida, Arizona, and other states. This means more projected deaths,” he said. “The second wave will be higher and we are capturing parts of that. Remember second wave starts at the end of August, early September.”

But once again, the president didn’t seem to care for the science. “They just don’t want to deal with the reality of it. They’re in denial,” an official familiar with the work of the White House’s coronavirus task force told CNN. When confronted with the inconvenient truths, President Trump reverted to his old tactics of obfuscation, prevarication, and, when all else failed, barefaced lying.

Even as state after state across the union reported increases in infections, the president continued to insist the numbers were simply a by-product of his rigorous testing regimen, rather than being linked in any way to those same states relaxing precautions against the disease. “If we stop testing right now, we’d have very few cases, if any,” he repeated.

The president’s duplicity was backed up all the way by Vice President Mike Pence. On the same day that the Institute for Health Metrics and Evaluation published their damning model, and two days after Oklahoma reported a record high in new daily infections, Pence said untruthfully that the state had “flattened the curve” of infections and that the virus was retreating “farther and farther in the past.”

The following day, the vice president authored an op-ed in the *Wall Street Journal* headlined: “There Isn’t a Coronavirus ‘Second Wave.’” In the article he insisted “such panic is overblown” and that “the media has tried to scare the American people every step of the way, and these grim predictions of a second wave are no different.”

He added, “Thanks to the leadership of President Trump and the courage and compassion of the American people, our public health system is far stronger than it was four months ago, and we are winning the fight against the invisible enemy.”

Pence’s article ended with the extraordinary assertion that the White House’s approach to the crisis “has been a success” and, in a breathtaking example of narcissism and insensitivity even for the Trump regime, that with 2.2 million infections and 119,000 American deaths at that time, it was “a cause for celebration.”

At the very beginning of the pandemic, it had been President Trump's arrogance, blasé attitude, and chronic reluctance to take meaningful action that had directly led to COVID-19 ripping through the United States.

By June 2020, six months after the first case had been discovered in Wuhan and four months after the first US death from the disease, more Americans had been killed by the virus than died fighting in World War I. The modeling showed that if the president's own policies on ending lockdown were to be pursued, that figure could more than double by the autumn.

Donald Trump's inability to respond to the emerging threat of COVID-19 was shameful. His continued refusal to accept responsibility for those failures, trying to shift the blame onto the Chinese, the WHO, even the Democrats, was embarrassing.

His lies, censoring of experts, self-aggrandizement, and rewriting of history throughout the crisis had been contemptible. But for the president of the United States of America to willfully and knowledgeably pursue policies that could lead to a further 100,000 US dead—for no greater reason than securing four more years in the White House—was nothing less than criminal.

COVID-19 had shown many world leaders for what they were, both good and bad. It had brought to light the calm rationality of Germany's chancellor Angela Merkel and the compassion and intelligence of New Zealand's prime minister Jacinda Ardern.

It had also exposed the merciless despotism of President Xi Jinping of China, the incompetence and mendacity of British prime minister Boris Johnson, and the madness of Brazil's president Jair Bolsonaro. But worst of them all, with more than twice as many infections as any other nation, and one in four of all COVID-19 deaths in the world, was Donald Trump, forty-fifth president of the United States.

He would see America burn if he could be king of the ashes.

EPILOGUE

“The reality is that the virus is with us. The reality is that the first wave only hit a small number of places—now it’s coming to every other place. It’s coming to a county or a city or a state near you.”

—Dr. Ashish Jha, director of Harvard’s Global Health Institute, June 16, 2020

“We have something that turned out to be my worst nightmare. And it isn’t over yet.”

—Dr. Anthony Fauci, June 9, 2020

It began in China. It began with a single person. Six months later it had changed the world. Over 8 million men, women, and children had become infected by the new strain of “SARS coronavirus,” first identified by Dr. Li Wenliang and Dr. Ai Fen at Wuhan Central Hospital. Nearly half a million of them had died.

The first half of 2020 represented the greatest crisis faced by humanity since the end of World War II. The fear was that it was also only the beginning.

Every continent on the planet except Antarctica had been affected. Schools, workplaces, and businesses had been closed; whole nations had been shut down. Economies had collapsed, industries had gone to the wall. New ways of living, working, and interacting had been adopted. Unimaginable grief had been endured, unexpected hardship suffered. Medical experts feared the effects of COVID-19 would resonate long after a vaccine was found for the virus—in a mental health pandemic akin to a kind of worldwide post-traumatic stress disorder.

Some people had risen to the challenge heroically—fighting on the front line with little or no protection against the virus. Others had simply adapted to the “new normal,” trying to get through the days as best they could. All

looked to their governments, their leaders, to see them safely through.

A few of those leaders stepped up to the plate with aplomb. Many others were found wanting. A few disgraced their very offices.

In China, Brazil, the UK, and the US, President Xi, President Bolsonaro, Prime Minister Johnson, and President Trump had repeatedly shown throughout the first wave of the crisis that, above all else—above even the lives of the citizens they had sworn to protect—their number one priority was always to look after their own interests, no matter what the cost.

They must be called to account for their actions. We must not allow them to get away with it.

As we write, in late June 2020, the UK and the US are emerging from lockdown, even as thousands of new cases are recorded each day. It remains to be seen how soon—and how serious—the predicted second wave of infections will be, but that there will be a second wave seems inevitable. Scientists are working flat-out on potential vaccine trials, but with the earliest expected date for any vaccine predicted no sooner than early 2021, there's still a long road ahead. We may not even be halfway through this thing yet.

On June 15, it was revealed that authorities in China had once again locked down 90,000 residents and closed schools and businesses in Beijing, after the discovery of seventy-nine new cases of COVID-19 in the southern Fengtai district. The city had previously gone fifty-five days during which the only new infections were citizens returning from other countries.

The following day, New Zealand, which had previously enjoyed three weeks without a single new case, reported two new infections—both women who had recently arrived from Britain.

COVID-19 has not gone away. We must remain vigilant.

Meanwhile, society is fracturing. In cities around the world, millions have come together to protest under the “Black Lives Matter” banner. The White House has a wall erected around it, manned by armed guards, with reports of the president hiding in a bunker; in the UK, statues of Britain's former colonial figureheads are being literally toppled and thrown into the sea.

The old order is changing; nobody knows what the new normal will be ... or whether President Xi, President Bolsonaro, Prime Minister Johnson, and President Trump will be a part of it.

“The world is going to be changed, largely for the worse, in the coming years,” Van Jackson, an international relations scholar at Victoria University of Wellington and a former Department of Defense official during the Obama administration, told the *Atlantic* magazine. “A great depression seems all but inevitable. China's strategic opportunism knows no bounds. Dictators everywhere are using the pandemic to solidify control of societies. Multilateral institutions aren't delivering as promised. Getting through this

crisis intact is just one step in a longer process toward a brave new world.”

—Dylan Howard and Dominic Utton, June 2020

AFTERWORD: SEPTEMBER 2020

This account of the first six months of the 2020 COVID-19 pandemic was written in June 2020, and as such only covers events up to that point. Publishing is a surprisingly slow business and in the months between submitting the manuscript and the book hitting the shelves, the disease continued to multiply and spread around the world, with personal and political consequences felt at every level of society.

We could write another book on the lies and cover-ups that occurred during the second half of 2020—and perhaps we will—but for the moment, what follows is a brief summary of significant events that happened after we stopped writing and before the presses rolled.

July

- Brazil's president Jair Bolsonaro contracted the virus. The man who claimed his nation was genetically immune to COVID-19 was diagnosed with the disease on July 7. He has since made a full recovery.
- Former Republican presidential candidate Herman Cain died of COVID-19. He had been present at President Trump's rally in Tulsa, where he was pictured without a face mask. A further eight Trump advance team staffers in attendance at the rally also tested positive for the virus.
- The United States recorded its highest number of new infections in a single day since the outbreak of the virus. On July 24 alone, 78,615 new cases were logged across the nation—the fourth time that month that a record high for new infections had been reported.
- Also on July 24, White House press secretary Kayleigh McEnany stated that President Trump was aiming to fully reopen all American schools in September. Six days later, Mayor Muriel Bowser of the District of Columbia announced that schools in Washington, DC, would not be reopening as planned due to concerns from parents and teachers that it was not safe to do so.

- The British government announced that pubs, cinemas, hairdressers, places of worship, and tourist attractions were to reopen. The media described it as “Super Saturday.” Within days, cities across the UK—including Greater Manchester and Leicester—were put into lockdown following local spikes in new cases.
- The WHO announced the launching of an independent enquiry into its handling of the pandemic.

August

- Secretary General of the Brazilian Presidency Jorge de Oliveira Francisco became the eighth member of President Bolsonaro’s government to test positive for COVID-19.
- A report released by the New South Wales government into the *Ruby Princess* affair pointed the blame at Australian government health officials, accusing them of making “inexcusable,” “inexplicable,” and “serious mistakes” in their handling of the cruise ship outbreak.
- Data from the ADP National Employment Report in the United States showed that there were 13 million fewer people employed in the US than in February—a statistic they attributed directly to the pandemic.
- Brazil passed 100,000 reported deaths from COVID-19.
- Further local lockdowns were announced in the UK, including the city of Aberdeen in Scotland. Other cities, including Oxford, were placed on “amber warning.” The British government continued to insist it was every citizen’s “moral duty” to return to the office.
- President Trump announced that the United States could have a vaccine ready by November 3—coincidentally the day of the presidential election.

September

- In a White House briefing on September 4, President Trump said: “We are rounding the corner on the virus”. When asked about the comment on CNN’s *The Situation Room*, Dr. Anthony Fauci replied: “I’m not sure what he means.”
- India overtook Brazil to record the second-largest number of confirmed cases of the disease in the world, with 91,723 new cases recorded on September 6 alone. The nation had begun easing lockdown measures in June.
- The United States passed 200,000 deaths from COVID-19. It meant that since February 29, an average of more than a thousand American

citizens have died from the disease every single day.

- New cases were reported in New Zealand—twenty-nine in the first six days of the month alone. The first week of September also saw two deaths from the disease, the first in the country since May 28.
- British schools reopened as education secretary Gavin Williamson warned that parents who refused to allow their children to attend would be fined. The same week, the UK recorded its highest number of new infections in a single day since May.
- Prime Minister Boris Johnson’s “world beating” track and trace system remained not fully operational. A new tracing app was declared to be “under development.”
- Recordings released by veteran journalist Bob Woodward on September 9 revealed that President Trump not only knew COVID-19 was deadlier than the flu as early as February, but deliberately lied to the American people about its danger. “I always wanted to play it down,” he told Woodward. “I still like playing it down, because I don’t want to create a panic.”